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Between Ourselves

Recently, a very well-known nurse who has always taken an active part in association activities confessed to an amazing thing. She read her *Journal* regularly but had always skipped the material included in **Notes from National Office.** We weren't surprised because we have discovered that a great many nurses do not read this section of the *Journal.* Digging around for some explanation, we have uncovered some interesting reactions. One regular subscriber didn't know that there was such a section in the *Journal.* Another nurse told us she never reads anything that looks as if it might point a moral—that wasn't what she wanted in professional literature. Several said they had tried to read it but most of the information was over their heads. One nurse decided that the material was only intended for the provincial executive officers because "the ordinary nurse doesn't have any say in things anyway." A number gave a concise answer "No time."

What are the "Notes from National Office"? Each month our general secretary culls the news items, announcements, reports, bulletins, etc., which cross her desk, and from them winnows a small sprinkling of current history of nursing data, both national and international, which might profitably be shared. In addition, items of special prominence in C.N.A. and provincial nursing affairs are provided.

Who is this information intended to reach? The executive officers, who reputedly make the decisions, have access to much of this material from its original source. Obviously, therefore, the several pages devoted to this section, and its French translation, are planned with the specific object of conveying a thinking knowledge of what is going on to the thousands of nurses who form the rank and file of association membership.

How can this objective be achieved? How can a lively interest in this phase of nursing be stimulated? Perhaps the title of the section is forbidding. What name would you suggest for it? Let us have your ideas.

When it comes to trying to find time to do professional reading, we run up against a big problem. A very thoughtful senior student nurse wrote us recently to this effect: "For the first two years of training we liked to read anything *but* nursing magazines in our time off duty. Now that we have acquired more knowledge through experience we feel we want to learn more and, therefore, we like to read articles on nursing. I know myself that I understand it all so much better now and look forward to the appearance of *The Canadian Nurse* each month." Would that every senior student in Canada felt the same!

In order to cope with the problem of reading time, to a degree at any rate, we have introduced a new feature in this issue. You will note below the author's name of each of the major articles an approximation of the average length of time each takes to read. To really study the content of an article would take longer, to skim hastily through it, a shorter time. With a month between issues, you can plan your reading time to get in everything you wish. Try starting with the "Notes."

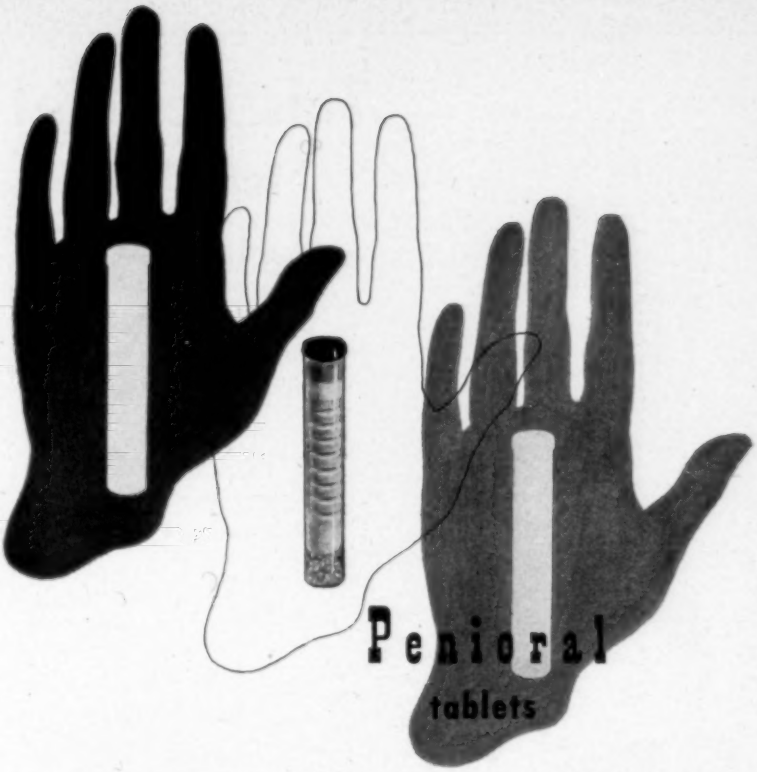
* * *

The nurses of Saskatchewan are very good friends of the *Journal,* having the highest proportion of subscribers of any of the provinces. We are doubly glad, therefore, to welcome the president of the Saskatchewan Registered Nurses' Association—**Ethel James**—as our guest editor. Miss James, who is educational director at the Regina General Hospital, has the broad vision of one who has spent her life on the prairies. Born in Manitoba, educated in Saskatchewan, and a graduate in 1930 of the Royal Alexandra School of Nursing, Edmonton, Alta., Miss James turned to Toronto for her post-graduate course in teaching and supervision. She had had varied experience in general and private duty before assuming the greater responsibilities of supervisor and instructor at the Saskatoon City and Yorkton General Hospitals. Miss James is a bowling and curling enthusiast when her busy life permits her time for recreation.

* * *

The popular press has had many stories of "blue babies" within recent years. Here we provide you with descriptions of the **Congenital Heart Abnormalities** that may occur in infants and descriptions of essential post-operative nursing care.

Millions long for immortality who do not know what to do with themselves on a rainy Sunday afternoon — SUSAN ERTZ



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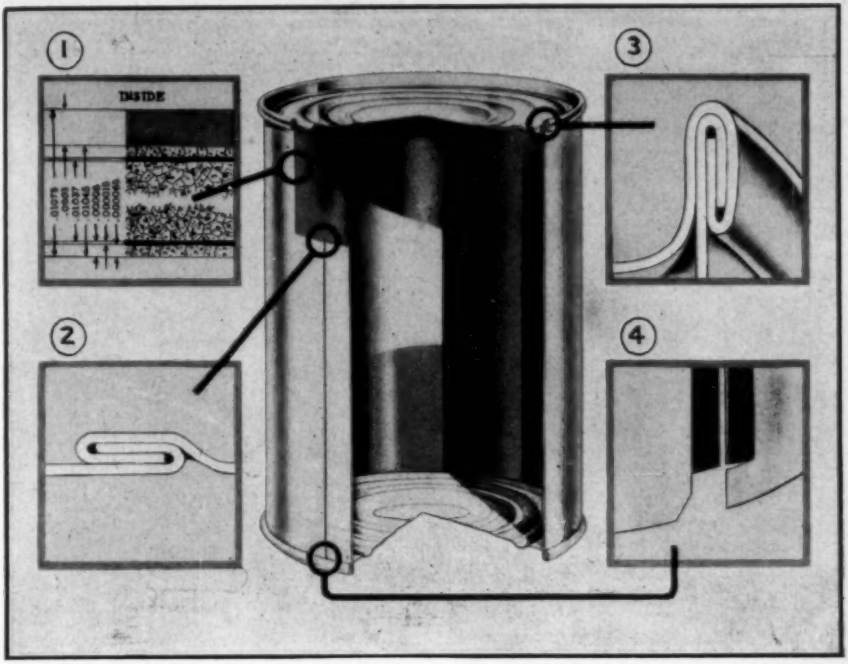

The "Tin" Container

THE ILLUSTRATION above of the architecture of an enamelled sanitary can shows that the term "tin can" is a misnomer.

Actually, the metal from which cans are made is not tin, but steel coated with a thin film of tin. The cross-section (see "1" above) shows the relative thicknesses of component layers of tin plate. Steel is large segment; first layer on either surface is tin-iron alloy, second is tin. Inside surface is enamel coating.

The metal to metal seals are made airtight through the use of solder, in the case of side seams (see "2" above), and sealing compounds in the case of the end or double seams (see "3" above). The notch (see "4" above) permits tighter sealing at bottom. Although a large proportion of cans are plain inside, an enamel coating can be applied if desired.

"Tin" containers have many advantages. They are strong, yet light. They can be fabricated, filled and permanently sealed at high speeds. Rapid heating and cooling of cans is possible, thus permitting high quality retention in canned foods.

Because of these and other advantages billions of cans are produced each year for the packaging of thousands of food and industrial products.

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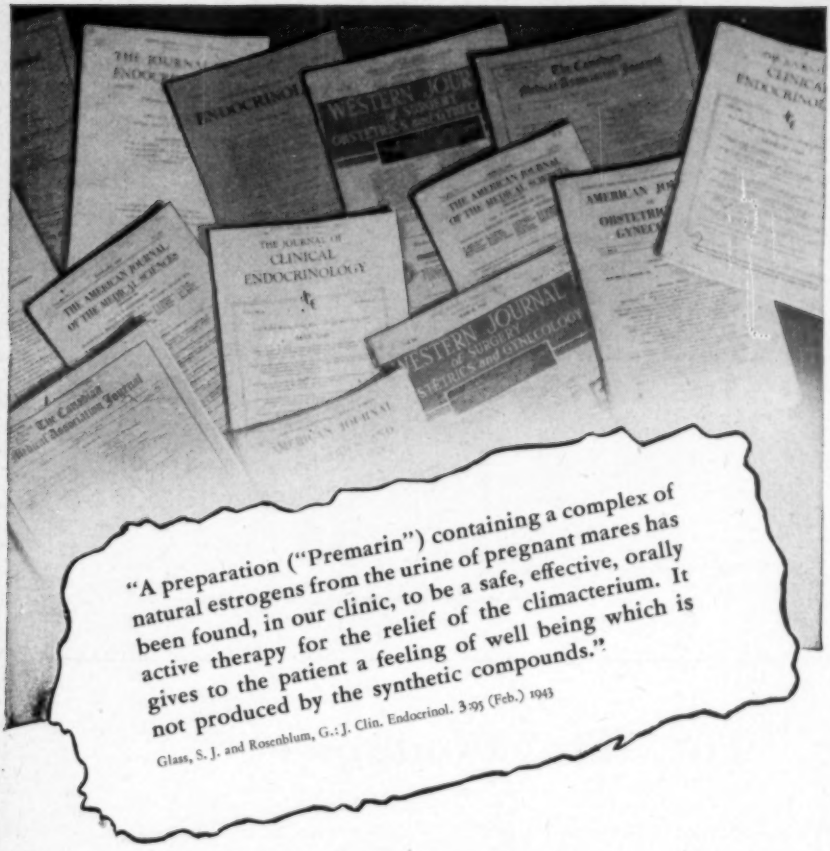
THE JOURNAL OF CLINICAL ENDOCRINOLOGY
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Glass, S. J. and Rosenblum, G.: J. Clin. Endocrinol. 3:95 (Feb.) 1943

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Pictured with baby Cathy in her "off hours" is Mrs. Forbes, ex-Army nurse and mother. She says, "I use Noxzema both as my morning and night cream, and I also use it after being outdoors."

The "Double Life" of Nurse Laird Forbes

Read how a typical Nurse solved one of her biggest beauty problems.

Laird Forbes is an ex-Army nurse who has seen service from Alaska to Normandy and the Rhine. Here's her story in her own words:

"It was in Alaska . . . I'd been using just mild soap and water on my skin, but it proved to be very drying. Alaskan water is very hard, and my face looked terrible. It was then I met my husband-to-be and naturally I was anxious to look my very best.

"I'd used Noxzema when I was a kid for blemishes, and luckily found that they sold it in Alaska, too. I started using it again morning and night. Once more it did the job, my complexion cleared up in no time.

"Now that I'm out of the Army and back home, I've settled for the peace and quiet of the country with my husband, and little baby Cathy. There's always a jar of Noxzema in our medicine chest. I use it for my hands and face, and it's grand for keeping Cathy's tender skin soft and comfortable."

Laird Forbes, R.N.

Mrs. Forbes leads a "double life" —as Nurse and Mother. Like many nurses she uses Noxzema for chapped hands, blemished skin, complexion care, as well as for baby's skin care. In fact, Nurses were among the first to discover Noxzema. Today over 25 million jars are sold yearly. Why not try a jar yourself—and see how much it can do for your skin and beauty problems. At all drug and cosmetic counters—21¢, 49¢, 69¢, $1.39.

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The
CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES' ASSOCIATION

VOLUME FORTY-FIVE *NUMBER THREE*

MONTREAL, MARCH, 1949

A Note of Optimism

Reading time — 6 min. 24 sec.

TAKING a bird's-eye view of nursing in Saskatchewan I would like to dwell on the cheerful and progressive side rather than the oft repeated cry of no nurses and overwork. Of course, we are in the same position as all other Canadian provinces. The demands made by the public for nursing service in both the public health field and institutions far exceed our ability to supply. This gives rise to much frustration on the part of workers, administrators, and even patients. However, at least part of this inability to meet demands stems from the very hopeful aspects I would like to mention.

A nurse wishing to work in a hospital in Saskatchewan must be registered and in good standing with the Saskatchewan Registered Nurses' Association. The Hospital Standards Act supports this requirement and the S.R.N.A. recommends that she receive ten dollars per month less salary until she has completed registration. She is expected to do this within two months of arrival in the province.

According to the Minimum Wage Board Regulations of 1947, a nurse working in a town of more than one thousand population is entitled to overtime pay for service exceeding forty-eight hours per week and she must have one twenty-four hour period free in seven. Later regulations instituted the forty-four hour week for all hospital workers with the exception of registered nurses.

The Saskatchewan Registered Nurses' Association in its revised

Thams Studios, Saskatoon

ETHEL JAMES

"Recommendations Relating to Nursing Personnel" asks for a forty-four hour week for nurses, the same as other hospital employees enjoy by legislation. These recommendations are contained in a neatly printed folder and have been distributed to each member of the association as well as to hospital administrators and superintendents of nursing. They cover recommendations for salaries, which begin at $150 gross per month for general staff, and include a plan for increases, conditions of employment, and hours of work. Nurses are urged to clearly understand the terms of employment before beginning work and to make use of the model contract letter recommended by the Hospital Administration Branch of the Hospital Services Planning Commission to have these put in writing. This not only indicates the responsibility of the employer to employee but also that of the employee to the employer.

Hospital boards are beginning to take definite notice of and interest in the recommendations of our association and also in the Nurse Placement Service especially since our registrar has had, through the courtesy of the Health Services Planning Commission, an opportunity to interpret both. It has been noticeable to the association, since the first recommendations were made in 1946, that some stabilization in salaries and conditions of employment has resulted. It is hoped that the 1948 revision will continue to have this effect.

Most nurses in Saskatchewan are not only working a forty-eight hour week, with a few on forty-four, but are also on consecutive eight-hour daily shifts. Private duty everywhere has established the rule of eight-hour shifts and recently their fees have been increased to $7.00 for the morning and $7.50 for evening and night shifts, with one meal allowed each shift.

Naturally this attempt to cut the working week to forty-eight hours instead of the old fifty-six has resulted in loss of service amounting in time to approximately one nurse in eight. The recommended forty-four hour week, if instituted, will result in a further loss of four hours per week per nurse or one nurse in every sixteen. Can our ranks weather this strain without complete loss of standards and morale? Only if we and the public face up to the fact that improved working conditions, long overdue for health workers, must be paid for in loss of service, preferably quantity not quality, unless we can materially increase our members. Medical and nursing procedures in both public health and institutional field and the patient-demands are slowly modifying themselves to fit restricted staff conditions. Nurses are learning to accept help from nurses' aides who are finding their own service level.

A regular course for nurses' aides carried out by Canadian Vocational Training is sponsored by the S.R.N.A. and hospitals are encouraged to use these trained people, not to replace registered nurses but to supplement them.

And do these improved conditions reach students in schools of nursing in Saskatchewan? Yes, progress is apparent here, too. All of our schools since early 1947 have had standardized entrance requirements in matters of uniforms, textbooks, and allowance as well as educational standards which are under the approval of the University. Uniforms are supplied and the cost of textbooks to the student must not exceed forty-five dollars for the three-year period. Allowances of six, eight, and ten dollars per month for the first, second, and third years, including the preliminary term which must be six months in length, are paid. Students' hours of work, including classes and clinical experience, must not be more than forty-eight per week with one free period of twenty-four hours in seven.

Since these regulations, although already drawn up by the association as a hoped-for achievement, were instituted, largely under pressure of the Minimum Wage Board in return for a special category for students under the Minimum Wage Act, some people

may be inclined to feel that progress came in rather an undesirable way. That may be partly so, but the Saskatchewan Registered Nurses' Association freely admits that in most instances of government regulations we have had ample opportunity for discussion and recommendations. We enjoy the privilege of representation on the Advisory Committee to the Health Services Planning Commission —both the large general committee and the smaller nursing committee.

Schools of nursing are constantly alive to the need for improvement in methods of nurse education. Two of our schools are using the block system of teaching. Students and instructors like it. The greatest difficulty, of course, is to maintain service on the wards and to accelerate the ward teaching program so as to ensure the practical application of the block theory in the clinical field.

Residence life for the student has improved with the inauguration of the three-shift day. Being off at 3:00 p.m. makes it easier to be back at 10:00 p.m., having enjoyed a pleasant outing. Going on night duty at eleven leaves every evening free. Church attendance is better and there is more energy for swimming and other off-duty activities. One school in the province is trying an experiment in abolishing the late leave system.

We do not have a provincial student nurses' association but student bodies in most of the schools are making increasing use of their student organizations to assist in governing themselves and organizing off-duty activities.

It would seem that the living and working conditions for both students and graduates have improved and will continue to do so through the activities of the Saskatchewan Registered Nurses' Association, and as a result of co-operative planning and work on the part of directors and instructors. Because of the present-day defeatist attitude which pervades society, and no less nurses, it is very important that we make a periodic survey and definitely call attention to progress made.

Nursing, it has been said, is a dynamic expression of compassion. Is it not true that the public conception of a dynamic service, even nursing, is one in which the service is so organized as to give consideration to the worker and his well-being even as the best in service is rendered? May it not also be said that, as a rule, those who enter the field of health work, professional or otherwise, are usually motivated by compassion and a desire to serve, which is always more easily and unselfishly dispensed under satisfying personal conditions?

ETHEL C. JAMES
President
Saskatchewan Registered Nurses' Association

1920 or 1949?

The following resolution was, by decision of the Dominion Conference on Child Welfare, referred to the Provisional Executive of the Canadian Council of Child Welfare for necessary consideration and action:

WHEREAS, There is a great dearth of both trained and untrained nurses for the care of the sick and for public health work in the Dominion of Canada; and

WHEREAS, There is an increasingly grave shortage of applicants to Nurse Training Schools all over the continent; and

WHEREAS, It may, in the very near future, become necessary for many of our hospitals to close their doors to patients because of lack of nursing staff, therefore be it

Resolved, That this Council of Child Welfare use all the influence in its power—individual and through organized effort—both official and voluntary—to bring to the attention of the young women of Canada this crying need and to recruit students for our Nurse Training Schools.

— *From the Minutes of the Dominion Conference of Child Welfare, Ottawa, Oct. 19-20, 1920.*

Congenital Heart Disease

ARNOLD L. JOHNSON, M.D.

Reading time — 12 min. 48 sec.

DRAMATIC surgical advances have been made in the therapy of some forms of congenital heart disease in recent years. This has necessitated more accurate diagnosis. In former days, it was sufficient to be able to say that a case was one of congenital heart disease. The particular type did not matter, for nothing could be done for any of them. Now, however, exact diagnosis is of the greatest importance, in order that suitable cases may be selected for surgery.

The late Dr. Maude Abbott laid the basis for the present advances in this aspect of cardiology by her painstaking pathological study, and classification on a physiological basis, of the many forms of congenital heart disease. In 1938, Gross of Boston operated successfully on a patent ductus arteriosus, the first type of congenital heart disease to undergo surgical therapy. In 1945, two further achievements were announced. At the Johns Hopkins Hospital a method of treating the Tetralogy of Fallot, the commonest form of congenital anomaly resulting in a "blue baby," was devised by Blalock and Taussig and successfully performed by Blalock. In the same year, the Swedish surgeon, Crafoord, introduced an operative procedure for the relief of coarctation of the aorta.

Interest in the differential diagnosis had preceded surgical progress, and was, of course, stimulated by the opportunities for therapeutic measures. Dr. Helen Taussig has been chiefly responsible for the establishment of criteria whereby a diagnosis may frequently be made after a clinical evaluation. Special methods of diagnosis have been applied to these problems. Heart catheterization and angiocardiography have provided much physiological and anatomical information and have been of great diagnostic aid.

At the present time, there are several types of congenital heart disease amenable to surgery. Two of these, patent ductus arteriosus and coarctation of the aorta, may be included in the non-cyanotic group. The third type is comprised of a group of anomalies, all causing cyanosis — the "blue babies." Unfortunately, all these cases of cyanotic congenital heart disease are not operable, and suitable diagnostic methods are required to select those cases which may be helped by surgical means.

Patent ductus arteriosus: The ductus arteriosus is a blood vessel connecting the aorta and the pulmonary artery (Fig. 1). It is a necessary and useful structure in uterine life, but normally, shortly after birth, it becomes functionally closed and subsequently anatomic obliteration occurs. However, in some individuals it remains open and they are then said to have a patent ductus arteriosus. Because of the higher pressure in the aorta, blood from that vessel flows into a pulmonary artery. Inasmuch as the aortic blood has already been through the pulmonary artery and the lungs, it is apparent that it is being recirculated without any useful purpose. Thus, the work of the heart is increased.

The hazards of a patent ductus are threefold. Development and nutrition may be impaired. Cardiac enlargement and failure may ensue, or this lesion may be the site of a bacterial endarteritis. For these reasons many cardiologists are of the opinion that when the diagnosis can be established with certainty, operation should be performed. The majority of patients are operated upon between the ages of three and ten years. Adult patients may also be successfully treated but with an increased operative risk.

The diagnosis of patent ductus is

Dr. Johnson is associated with the Children's Memorial Hospital, Montreal.

established by the character of the murmur, which is classically described as being continuous and machinery-like. Treatment is most satisfactory. The mortality is low, and the ligation of the ductus transforms a deranged circulation into a normal one.

Coarctation of the aorta: Coarctation of the aorta is a rarer type of lesion. It consists of a narrowing of a small segment of the aorta, just beyond the arch (Fig. 2). The blood thus cannot pass freely into the descending thoracic aorta, but gains access to that structure by way of anastomotic channels. Thus blood is able to pass from the aortic arch via these detours and enter the lower part of the aorta.

The main point in the diagnosis is discovery of a hypertension in the arms and a low or absent pressure in the lower extremities. Abnormal pulsations may be felt along the course of the anastomotic channels, such as the enlarged intercostal vessels. The x-ray may reveal a scalloped appearance at the lower edge of some ribs due to the eroding action of these vessels.

The presence of a coarctation, while it may be symptomless for many years, carries with it a considerable risk to health. It has been estimated that approximately 75 per cent of such patients will suffer because of it. Some will develop congestive failure or have a cerebral accident. Others will acquire bacterial endarteritis and the remainder will die from a rupture of the aorta. As yet there has been a restricted experience with the surgical therapy of this condition, but treated cases have progressed well. Probably it is best to operate before the age of fifteen, but successful surgery has been performed in patients in their twenties.

The procedure consists in the excision of the narrowed segment, with the subsequent suture of the cut ends. A free blood flow through the aorta is thus permitted and the blood pressure in arms and legs assumes a normal relationship.

Cardiac malformations with cyanosis: There are a considerable number of congenital cardiac malformations which cause cyanosis. Some of these can profit by surgical therapy; in others it may be harmful. Of the group that can be helped by surgical means, the commonest is the Tetralogy of Fallot which will be described. These patients are usually cyanotic from birth and have a restricted exercise tolerance. Cyanosis is best seen in the nail beds, the lips and the mucous membrane of the mouth. The bulbous appearance of the tips of fingers and toes is referred to as "clubbing."

Fig. 1. Patent ductus arteriosus

Fig. 2. Coarctation of isthmus of aorta

There are two basic physiological disturbances. The aorta occupies an abnormal position so that blood, not only from the left ventricle but also from the right ventricle, is permitted to enter this vessel. Thus, the aorta contains a mixture of arterial and venous blood. Furthermore, there is a partial obstruction to the free passage of venous blood out through the pulmonary artery. This is due to a pulmonary stenosis, which prevents an adequate flow of blood to the lungs for oxygenation.

The need is to increase the amount of blood flowing to the lungs for proper oxygenation. In the Blalock procedure, a branch of the aorta, usually the subclavian, is severed and the proximal cut end is inserted into the side of the right or left pulmonary artery, thus effecting a by-pass around the pulmonary stenosis. The main supply to the arm is thus cut off but no harm results for anastomotic channels adequately supply the arm.

Following successful surgery, there is a gratifying change in a patient with a Tetralogy of Fallot. Instead of being virtually an invalid, he may lead a fairly normal life, go to school and indulge in non-competitive games. He may lose his cyanotic appearance entirely or, more often, retain a slight degree of it. His clubbed fingers and toes assume a more normal appearance. His high hemoglobin and red count values approach normal levels.

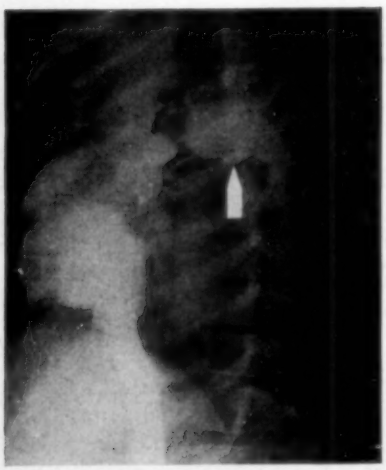

Fig. 3. Angiocardiography

The differential diagnosis of the cyanotic type of malformation is one of considerable difficulty. Although it may be possible to make the diagnosis following a clinical evaluation, it is frequently necessary to resort to more elaborate methods of examination, such as heart catheterization and angiocardiography. These two procedures are established methods of investigation in congenital heart disease and the information provided by each method may complement the other, so that a diagnosis may be established.

Angiocardiography is a procedure which involves the rapid intravenous injection of a radio-opaque substance, 70 per cent diodrast, and the taking of x-rays as this dye passes through the heart (Fig. 3). Thus, the intracardiac pathway of the blood, the size and position of the chambers and great vessels may be visualized. For example, if the aorta over-rides the right ventricle, the injected dye will be seen to pass from the right ventricle and fill the aorta and pulmonary artery simultaneously.

Heart catheterization consists of the introduction of a ureteral type of catheter into the venous system, usually at the elbow and passing it through the superior vena cava, right auricle, and right ventricle. Thence it may pass into the pulmonary artery (Fig. 4) or into the aorta. Blood samples are withdrawn for analysis of oxygen content, and pressures recorded at various sites through which the catheter passes. A study of these data provides information regarding the abnormal course of the blood flow and it is often possible to estimate the amount of blood flowing through the pulmonary artery and through the aorta. In normal hearts an equal amount of blood flows through each of these great vessels per minute, but in a case of the Tetralogy of Fallot the flow through the pulmonary artery is much less, due to the stenosis, than through the aorta. Furthermore, the

amount of right ventricular (venous) blood which passes into the aorta may be estimated. Additional aid may be given by the pressure records. Ordinarily, right ventricular and pulmonary artery systolic pressures are similar but where there is a pulmonary stenosis the pressure in the pulmonary artery is, of course, much less than that in the right ventricle.

Other conditions not so commonly observed include a double aorta. In this, the amphibian type of aorta which forms a ring around the esophagus and trachea persists. Normally, the right side of this arch should disappear, leaving the aorta to pass down in front and to the left of the trachea and esophagus. If, however, there is an arrest in development, the ring-like aorta may surround the esophagus and trachea and cause pressure and obstruction of these two structures. This becomes evident very early in infancy when the child has difficulty both with swallowing and with respiration. If this can be demonstrated by x-rays, the diagnosis is fairly certain. The only method of relieving this is by surgical intervention. On exposure through the left side of the chest, usually an isthmus or narrowed portion of this arch can be identified. This is divided and the ends dealt with, which relieves the constricting ring of vascular tissue. Good results may be expected.

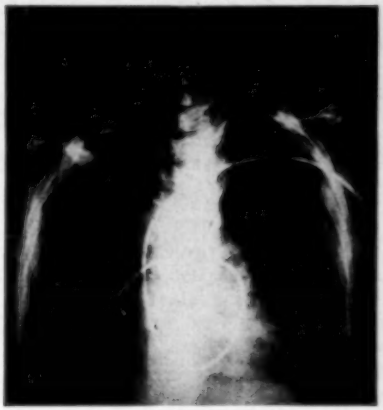

Fig. 4.
Heart catheterization

Another abnormality which simulates more or less the conditions noted above is one where the right subclavian artery arises from the aorta to the left of the left subclavian. This can be identified quite easily surgically and the artery divided. This again relieves the constricting pressure and the results are very satisfactory.

In many medical centres there is great interest in the problem of diagnosis and treatment of congenital heart disease, and in the near future it is apparent that the list of the cardiac malformations amenable to surgery will be lengthened.

Anti-fog

Scientists have impregnated a soft, absorbent cotton cloth with a chemical solution so that one wiping will keep "fog" from forming on the inside of car windows, or on spectacles when the wearer steps indoors. Tests with safety goggles in factory steam rooms have shown that one wiping with the cloth will keep glass clear for hours. The anti-fogging agent is a solution of what scientists call a synthetic detergent — tannic acid, glycerin, water, and dye. The treated cloth may be used indefinitely. — *C-I-L Oval*

This would be useful for the surgeon's spectacles too.

Temperature and Accidents

In a large munitions factory accidents were relatively frequent at low temperatures but were reduced to a minimum when the temperature reached 65-69°. Then the accidents increased as the temperature rose again. The explanation seems to be due to the effect of temperature on the workers' manual dexterity. At low temperature their hands became numb due to contact with the metal objects being manufactured and accidents increased. At high temperatures, on the other hand, the workers became more easily fatigued and inattentive.

— *Industrial Health Bulletin*

Surgical Treatment of Patent Ductus Arteriosus

W. Carleton Whiteside, M.D., F.R.C.S., F.A.C.S.

Reading time — 15 min. 12 sec.

Introduction

During the past decade medical science has advanced in various directions, but no branch has made greater strides than thoracic surgery and, particularly, surgery of the heart.

During this period, at least three of the now recognized surgical procedures on the heart had their origin, namely: Patent Ductus Arteriosus, Tetralogy of Fallot, and Coarctation of the Aorta.

Morbid Anatomy and Functional Pathology

During fetal life, when the blood is oxygenated in the placenta, the amount of blood that circulates through the lungs is inconsiderable. The greater part of the blood is shunted through the ductus to the aorta, thence into the greater circulation. At birth, however, the ductus arteriosus is closed by an obliterating process similar to obliterating endarteritis. Usually this occurs immediately after birth, but in a number of cases it does not occur until some time during the first year of life. According to Christie 2 per cent are open at one year of age.

The ductus passes from the pulmonary artery in the vicinity of its division to the aorta, in such a direction that one side is longer than the other. These vary from 3-15 mm. and 1-9 mm., respectively. The circumference of the ductus varies from 8-51 mm.

Atheromatous alterations in the wall of the ductus arteriosus are often produced by the whirls of the blood stream and the ductus often becomes the site or nidus for bacterial endocarditis because of these alterations. An aneurysm may form along the ductus arteriosus due to its frequently thin wall and by pressure in the recurrent laryngeal nerve may cause vocal cord changes or the aneurysm may rupture causing a rapid termination.

A patent ductus arteriosus sometimes coexists with other congenital affections of the heart. In certain cases of morbus caeruleus a patent ductus is indispensable for the circulation. Patent ductus is sometimes combined with defects of the interventricular septum.

Due to the fact that the pressure in the aorta after birth is considerably greater than that in the pulmonary artery, contrary to that which exists in fetal life, the blood in the ductus flows from the aorta to the pulmonary artery. Thus the left ventricle has to eject not only the blood that is needed to oxygenate the tissues of the body, but also that which is shunted through the ductus arteriosus. This amounts to 45-75 per cent of the left ventricular output. Thus the left heart is required to do a considerable amount of overwork, and there is dilatation and hypertrophy of the left ventricle and auricle. This change in size can be recognized fluoroscopically and by means of x-ray films.

The increased strain on the left side of the heart is the most important change in patent ductus arteriosus from the viewpoint of cardiac physiology. However, due to the great reserve possessed by the infant's heart, damage does not show up for a number of years, at which time there is early cardiac failure, invalidism, and death.

The pulmonary blood vessels have

Dr. Whiteside specializes in thoracic surgery and has been on the surgical teaching staff in the Faculty of Medicine, University of Alberta, since 1932.

also to meet this increase in arterial blood flow from the aorta and, therefore, their calibre increases and edema of the lungs appears in conjunction with cardiac failure. Because the shunted blood is arterial, no cyanosis is present so long as the patient is compensated or there is no added abnormality present.

Signs and Symptoms of Patent Ductus Arteriosus

A retarded bodily development is one of the commonest signs of patent ductus arteriosus; mentally these patients are often alert. They have few heart symptoms during the first two years of life. The onset of subjective symptoms usually occurs when the patient reaches the age of three or four.

There is shortness of breath on exertion, as in climbing stairs or hills. The child tires more easily than normal playmates. Soon it is unable to exert itself in any way without having to sit down or lean against some object.

As the years pass a discomfort in the chest is complained of; an epistaxis may occur spontaneously from time to time. The mother, while nursing the infant, may experience a transmitted thrill from the forceful murmur present in the infant's heart and she may mention this to the doctor before he realizes there is a defect. This, and other congenital lesions, would not be overlooked if each newborn had routine x-ray films and a careful examination of the heart and lungs before being discharged from the hospital or in the home of delivery.

In almost all cases there is an intense thrill, most prominent over the pulmonary conus. This thrill is the consequence of the powerful vibrations of the thoracic wall caused by the murmur. On percussion a moderate enlargement of the heart to the left may be noted. There is a dullness, Gerhard's dullness, in the second left intercostal space close to the sternum, due to the distended pulmonary arch.

The continuous murmur is heard with a maximal intensity over the second left intercostal space. It is often of great intensity and "sawing" in nature. It is characterized as a "machinery murmur" because of its loud noisy character. This murmur commences in the middle of systole and fades out in the latter part of diastole. The murmur is spread over the cardiac area. It can be easily heard on the back and over the entire thoracic cage.

The increased pressure in the pulmonary artery is manifested by an accentuated second pulmonic sound. A high pulse pressure, with great amplitude of blood pressure, is a common finding in a patent ductus arteriosus. A "pistol shot" pulse can be palpated in a number of these cases.

The circulatory time is prolonged in patent ductus arteriosus, the average being 18 seconds, the normal being 8-12 seconds, using ½ cc. of ether in 20 cc. normal saline as the test of circulation and noting the ether breath.

The roentgenological examination of the heart is typical in most cases of patent ductus arteriosus: (1) An enlargement of the heart, especially to the left with a bulging contour of the left ventricle; (2) pathologically enlarged pulmonary arch; (3) signs of pulmonary congestion in the central portion of the lung fields with (4) pulsation of the hilar vessels as observed by means of the fluoroscope.

The electrocardiograms show only slight pathological changes. Dolly demands that the electrocardiograms be normal to allow the diagnosis of uncomplicated patent ductus arteriosus to be made.

Phonocardiographically, with the microphone in the second left intercostal space close to the sternum, the phonocardiograms exhibit rather uniform values, both as regards frequency and amplitude of the murmur and its position in the pulse period which is so characteristic of the machinery murmur produced by the presence of a patent ductus arteriosus.

Prognosis

The diagnosis and treatment of a patent ductus arteriosus has been

made less difficult through research work and wider experience in dealing with these cases. The operative mortality for this otherwise 86 per cent fatal lesion has been reduced to 7.2-2.4 per cent. This should be further reduced in due time.

This very satisfactory operative mortality is due to the following: the increased knowledge of cardiac and pulmonary physiology; the advances in anesthesia; the use of antibiotics; the supportive treatment given pre- and post-operatively; and the very capable nursing care given by the nursing staffs of the hospitals, for without this intelligent nursing the mortality would not be lowered.

The health, happiness, and economic standards of the individual patient are greatly improved as the result of the corrected physiopathology. Most patients suffering from the effects of patent ductus arteriosus lead a relatively unmolested life during their infancy and early childhood, yet Abbott found that of ninety-two cases of patent ductus, twenty died during the neonatal period. The average age of death is twenty-four years. Bullock Jones and Dolly collected eighty cases of patent ductus arteriosus. These men found that 50 per cent died before the age of thirty and 71 per cent before the age of forty. It has been proven that in 87 per cent of the cases, the cause of death is cardiac in origin, generally from bacterial endocarditis, or decompensation of the heart. Other contributing factors causing death at the "happiest" time of life are edema of the lungs and aneurysmal rupture of the ductus.

Economically, patients with a patent ductus arteriosus are on the debtor side of the ledger because of inability to earn a living at a time when life positions are established. Those who may work a little are not hired because of poor risk factors in regard to compensation or insurance.

The Operative Procedure

Following the diagnosis, pre-operative care and hospitalization of ten to fourteen days, the patient is prepared for a left thoracotomy.

The author's skin preparation extends over the following area:

> From the opposite nipple to the opposite scapula; from the mandible to the crest of the ilium, including the shoulder girdle to the elbow.

The patient, under intratracheal anesthesia, is placed in an oblique position—left thorax elevated 35° with a sand-bag beneath and a special arm-rest over the head.

The incision extends along the course of the third left rib, preferably sub-mammary in the female, and across the lower axilla avoiding the long thoracic nerve in the deeper tissues. In adults the Crafoord incision is preferred.

The pectoralis major and minor muscles are severed obliquely and the third interspace identified. The cartilages of the third and fourth ribs are severed and the third interspace opened. The lung is lightly compressed with moist warm gauze and protected. The phrenic nerve may be infiltrated with ½% procaine solution to quiet the diaphragm. The area of mediastinal pleura between the visible phrenic and vagus nerves is opened longitudinally over the ductus site. This site is readily palpated and detected by its thrill between the aorta and left pulmonary artery.

In dissecting out the often delicate thin-walled ductus arteriosus from the surrounding tissue we must guard against damage to the recurrent laryngeal nerve which passes about the ductus to return into the cervical region.

During the freeing of the ductus it will be found that there is a fold of pericardium lying over the ductus area which requires displacement distalward, this without tearing it. Much care is required in separating.

Following the full exposure of the ductus, various methods of closure may be performed. These methods depend upon the width, the length, the presence of calcification or aneur-

ysm of the ductus. Each case must be considered separately. The ductus may be ligated with two silk ties close to the main vessels and a sclerosing solution, as 60% glucose, injected into the lumen between the ties. The ductus may be clamped, severed, and the ends over-sutured, or it may be clamped, severed, and a ligature passed about each portion of the duct.

Following one of the above procedures the mediastinum is closed, 100,000 units of penicillin instilled, the lung is expanded, and the thorax closed in the usual manner.

Post-operative Care

The patient soon recovers consciousness and the nursing care, which is always so important, comes into play.

I prefer the foot of the bed elevated 8″ for six hours to overcome the post-operative lowering of blood pressure. The patient may be given a transfusion, or have the blood transfusion that was started in the operating-room continued. Intravenous saline and glucose is not essential and may cause edema of the lung, for the left lung does not always remain expanded during the immediate post-closure period and the right lung may not be able to carry the extra fluid load.

The position of the patient is changed from side to side each hour with deep respirations encouraged in order to prevent atelectasis occurring from a bronchial mucous plug. Early coughing is encouraged. Penicillin, 25,000 units every three hours, is continued from four to five days.

The pulse and blood pressure should be recorded every half-hour until these become stable. Epistaxis may occur with the changed circulation but seldom is this alarming.

Warm liquids are given in minute amounts in order not to cause nausea and vomiting. Soft and solid foods are given on succeeding days. The bowels are regulated, if necessary, on the third day.

If there is cyanosis, oxygen is administered through a nasal catheter. In the presence of pain, mild sedation is generally all that is required.

An x-ray film is taken the day following the operation to reveal the lung expansion and the presence of pleural fluid. If the latter is present this is aspirated under local anesthesia. X-rays are repeated if there is any question of poor lung expansion or the presence of fluid. Generally two or three aspirations are all that are required to keep the pleural space "dry."

The sutures may be removed on the seventh day. Leg exercises are given while in bed and the patient allowed up on the tenth post-operative day with graduated exercise of walking. It is wise to keep the patient under observation in hospital for eighteen to twenty-one days to record the various clinical changes which occur in the size of the heart, the pulse, blood pressure, and general improvement in the patient's condition.

Complications which may arise from the operation for a patent ductus arteriosus are the following:

Suppurative pleuritis, erosion of the ligature through the ductus, atelectasis of one or both lower lobes, severe epistaxis, recurrence of the murmur by loosening of the suture material, or paralysis of the vocal cord from injury to the recurrent laryngeal nerve.

The above complications are not common, all are preventable, and a number easily corrected. Unless their possibility is kept in mind and watched for they may be overlooked in their early stages of development.

Conclusion

In concluding this presentation I wish to stress the importance of knowledge which can now be obtained by the nursing profession in any branch of surgery in any medical centre, and the importance of possessing as full a knowledge as possible of the lesion at hand. By this means only can the patient receive the greatest benefit from the medical and surgical progress being made.

The nursing profession has risen to great heights of proficiency in

recent years due to the solid foundation established gradually since Florence Nightingale passed through the crowded wards of wounded soldiers. Since the advent of thoracic surgery in recent years the nursing profession has fallen in line very quickly and the successful results obtained are due largely to the intelligent pre- and post-operative care given by the nurse. This is especially well recognized in the nursing care of surgical lesions of the heart and other major surgical procedures.

Post-operative Nursing Care in the Tetralogy of Fallot

ALICE M. UYEDE, B.A.Sc.

Reading time — 6 min. 24 sec.

PUBLIC ATTENTION recently has been focused on the fate of the "blue babies." It is not surprising then that we, being nurses, should have a particular interest in these children. With the modern methods of diagnosis, together with the remarkable results obtained in surgery, we can with confidence believe that many handicapped children, heretofore leading restricted lives, may enjoy now a nearly normal way of living.

It is our privilege to care for these children when admitted to hospital; and if our care is to be efficient as well as sympathetic, we must have an intelligent understanding of the specific defects, know what can be done, what to expect after operation, and how to make the post-operative course a good one for the patient. It is apparent that we should take into consideration all aspects of nursing care.

Since the operation is usually a long one, post-operative shock should be anticipated and must be counteracted. Raising the foot of the bed helps to accomplish this. A baker can be used conveniently to heat the bed while the patient is in the operating-room. Flannelette blankets will provide extra warmth without being too cumbersome. An electric suction or tap suction should be in readiness for the quick removal of mucus and vomitus, in order to facilitate respiration and to prevent aspiration. The patient returns to the ward with a continuous intravenous infusion and, therefore, we should see that a stand is ready by the bedside.

Immediately upon arrival, oxygen is given. It is administered by naso-pharyngeal insufflation with the use of a ureteral catheter at 5-10 litres per minute. For a small child, the size of the catheter should be 10F. The correct amount of the catheter to insert into the nostril is the distance measured from the tip of the patient's ear to the tip of his nose. To ensure the unobstructed flow of oxygen, the catheter should be cleaned every four hours or more frequently if indicated. If the patient is restless, it may be necessary to restrain his hands so that he will not pull out the tube.

This method of oxygen therapy is preferred to either the mask or the tent method. The mask actually gives a greater concentration of oxygen, but is impractical in our cardiac cases, as it tends to give the patient a feeling of alarm and suffocation, thereby causing undue excitement and restlessness. The oxygen tent, on the other hand, has the disadvantage of having a lower concentration and, alone, does not supply sufficient oxygen. Some doctors prefer the combination method, using both the tent and the catheter.

Miss Uyede is surgical teaching supervisor at the Children's Memorial Hospital, Montreal.

During the first twenty-four hours, observation is most important. The blood pressure, pulse, and respirations are taken every fifteen minutes, immediately post-operatively. Accuracy is of paramount importance, for changes in these recordings may be indicative of complications. Changing the position of the patient every few hours is very necessary in this period. The major post-operative hazards are hemorrhage, fluid in the chest, atelectasis, heart failure, and cerebral accident.

It should be noted that if the subclavian artery has been ligated, neither the blood pressure nor the pulse can be obtained in the arm which was supplied by that vessel. For a short time after operation, this arm will also feel cold. This coldness, however, is not unusual and need cause no alarm. Once the new circulation has been established, the arm will regain its normal temperature.

When the patient is conscious, the foot of the bed may be lowered. Later, he may be put in a semi-Fowler's position if his blood pressure remains constant. Penicillin is usually ordered to counteract possible infection. For the relief of pain, demerol or morphine may be ordered. Sedatives may be necessary to keep the patient comfortable and to ensure rest.

Sips of water and ice chips may be given to the patient when he is able to swallow. It has been pointed out by Taussig that these patients do better when the fluid is restricted. It is suggested that for a small child the daily fluid intake, enteral and parenteral, should not exceed 1000 cc. and the amount for an older child should be in the neighborhood of 1200 cc. Diet may be stepped up from a soft to full as tolerated.

The general trend of late has been early ambulation after operation, but too early exercise is not advocated in our heart cases. We must remember that these children have had limited exercise all their lives, thus the increase in their activity must be gradual and not too strenuous at first. They are usually allowed up a week to ten days post-operatively.

Paralleling these physical requirements are the psychological needs. Good nursing care should integrate both. Emotional security is a fundamental necessity in all children, and is of particular importance in dealing with these children suffering from congenital heart disease, as they are inclined to be very apprehensive.

The initial introduction to the hospital is the first step in gaining the child's confidence. The atmosphere of the ward should be friendly and peaceful. If possible, place the new patient beside another child of similar age who speaks the same language. In the case of a small child, reassure him that his parents have not deserted him. The rigid rules pertaining to hospital visiting hours could be relaxed in certain instances where a sudden break with his parents may mean an emotional crisis in the child's life. Every effort on the part of the personnel should be directed towards making the newcomer feel "at home."

Play and occupational therapy, in accord with his ability, are excellent psychological treatment while the child is awaiting operation. Honest explanation at his own level of comprehension will allay fears about the operation. Sometimes it may help to have another patient, who has undergone an operation, talk to the pre-operative child. It is only fair, also, to explain beforehand something about the equipment that he will be surrounded with on his return to the ward.

When the patient has gained consciousness after operation, reassurance by the nurse is of immeasurable comfort. If the child has security, affection, and somebody genuinely interested in his welfare, his recovery is going to be rapid and his post-operative course free from unnecessary worries.

In conclusion, it is essential to remember that, since the attitude of the parents indirectly affects the progress of the patient, one should not underestimate what parent co-operation and understanding can do in the complete care of the child.

All About Ronnie

D. June Stuart

Reading time — 5 min. 36 sec.

Ronnie was admitted to children's ward at 6:30 p.m.—of course you know "the bus was late"—"the admitting office was busy"—but, in spite of the time and industry of the hour, considerable excitement accompanied Ronnie's belated entrance because his provisional diagnosis was "Patent Ductus Arteriosus."

Ronnie, although a four-year-old child, was very small, weighing only twenty-six pounds, yet appearing fairly well nourished. He was a quiet, unassuming lad whose color was rather "dusky," becoming quite cyanosed, accompanied by rapid respirations on exertion or on crying.

From his history we learned that Ronnie is the only boy of a family of three—"the middle one." He came from an average Canadian home of fair means. During his long stay in hospital his parents proved most co-operative and understanding.

Our Ronnie adjusted to his new surroundings quite readily. His appealing, rather "coy" personality escaped no one—nurses, doctors, general staff. In fact anyone who had anything to do with Ronnie was instantly, completely, his benefactor. Everyone inquired about him, even the bus-driver who drove him down from "Lakelabeech" (Lac la Biche), as Ronnie so importantly would relate.

With an admission T.P.R. of 100.3-148-22, a slight nasal discharge and a troublesome cough, an x-ray of the chest was immediately taken and revealed not only a patent ductus arteriosus but also an acute respiratory infection. Consequently, Ronnie was given sufficient time and treatment to overcome this infection and then plans were made for his eventful day.

Ronnie took all the preparations, such as x-rays, blood transfusions, and the extensive skin preparation, in his usual quiet unassuming manner. Rest assured, he asked numerous questions and remembered the answers to some remarkably well. An outstanding preparatory measure was the manner in which the anesthetist first became quite a friend of Ronnie's and then the anesthetic mask became quite a "blow" toy just previous to his operation.

The greatest day in Ronnie's young life, quite unknown to him of course, finally arrived. He was prepared and sent to the operating-room at 7:15 a.m. on a Saturday. From Saturday until Tuesday night Ronnie had special nurses.

The usual "O.R." bed was prepared, with hot water bottles, towels, etc. In addition, a suction machine and a large oxygen tank were in readiness in the room, plus a tracheotomy set within easy reach.

Much to our surprise, we really didn't know exactly what to expect when Ronnie returned at 10:50 a.m.—quite conscious with his quiet grin. An intravenous was running, through which he had a total of 500 cc. His T.P.R. of 98-128-40 and blood pressure of 120/70 varied very little although they were taken every fifteen minutes for the first six hours. Oxygen was given per nasal catheter until 9:00 p.m. the day of the operation.

The only difficulty in Ronnie's immediate post-operative care was the accumulation of mucus in his mouth and throat. Consequently, it had to be suctioned quite frequently. Due to his sweet personality and, possibly, his pre-operative preparation he proved most co-operative with complete confidence in those caring for him.

His position was changed every hour and, as a measure of prophylaxis, he was started on penicillin 30,000 units, q.3 h. He was allowed sips of

Miss Stuart is pediatric supervisor at the Royal Alexandra Hospital, Edmonton.

fluid, almost immediately post-operatively, which he took readily.

Like Ronnie, his post-operative recovery was quiet and uneventful. Oh, he did try to turn by himself a few times, elevating his blood pressure a little, and he did demand a different story every half-hour. In fact, he wanted his mask "balloon" the first day post-operatively, but alas! he had to learn that such a toy could not be his for a number of weeks to come. Child-like, he soon became interested in trucks, banjos, etc.

About the fourth day post-operatively our prize patient had to go through the ordeal of a chest-aspiration, which he did with more co-operation than one would imagine from a four-year-old, and very few tears. Ronnie was more fortunate than we realized at the time because, due to the fact they withdrew 120 cc. of sanguinous fluid, a repeat of the ordeal was not necessary.

Due to his speedy recovery and to the fact he was getting a tonic of generous doses of vitamin (C & B) and iron, Ronnie was now developing quite an appetite. Consequently, he was given a high caloric, high protein diet which he ate and enjoyed to the delight of all the dietitians and cooks.

On the sixth day post-operatively, Ronnie informed his mother that she could go back home now and he'd soon be better and be back with them. Every visit was a tearful affair of which our young patient wasn't too proud. So, mother dutifully went "back home."

His seventh day was quite important, too, as he was able to take part in one of the ward parties by doing an "Inky Pinky Pider" number. He enjoyed a good part in the "party lunch" that was served.

On the ninth day alternate sutures were removed and all were removed on the twelfth day. Then followed Ronnie's only worry during the whole procedure. When could we take the "red stuff" (Merthiolate) off? Thus bath time in the boys' ward proved more fun than ever with the "red stuff" getting less and less each day.

Finally, came that glorious occasion when Ronnie was allowed up in a chair for a few minutes. Due to the fact he had been sitting up in bed and bouncing about quite boy-like for days before, the occasion wasn't too difficult nor too harmful to him. Again Ronnie proved most co-operative and only sat in the chair until given permission to walk about.

Needless to say, when the day came for Ronnie to leave us there was great excitement—especially when his mother appeared with a whole new set of clothes. How proud he was when the clothes fit snugly and his mother discovered he had added no less than six pounds in weight! Such a different Ronnie from the one who had come in not many weeks before. He was now round and plump, his color was "pink" whether he laughed, cried, or ran. His whole little being was so alert and active. Could it all be due to the fact he was going back home? No, we didn't think so either!

Tomato Paste

Latest addition to the growing number of institutional-sized packages made available to hospitals and other institutions, as well as hotels and restaurants, is Heinz Tomato Paste, which buyers may now obtain in the large 126-ounce tin.

Made from fresh, ripe tomatoes, this paste can be reconstituted into a delicious tomato purée. It may also be used in sauces and makes an excellent base for spaghetti sauce. The paste is made from fresh tomato juice and contains no salt. When used in soups or sauces, it is necessary to season to taste.

The specially lacquered can assures safety when an unused portion is left in the container. Once opened, Heinz Tomato Paste should be kept in the refrigerator.

Heinz Condensed Vegetable Soup, Condensed Cream of Tomato Soup, and Condensed Chicken Noodle Soup are also available.

Private Duty Nursing

A Mental Looking-Glass

LILLIAN E. PETTIGREW

Reading time — 8 min.

EVER SINCE accepting the appointment as executive secretary of the Manitoba Association of Registered Nurses, I have hoped for an opportunity to solicit your interest and assistance in the work I have undertaken. I am happy to have that opportunity tonight. There are several reasons why it is important that *we* should talk about nursing together and I use the plural "we" because I hope you are going to talk with me and among yourselves about some of the points I propose to discuss with you. Since it is my job to "think" about nursing in Manitoba, and to "act" and to "speak" for nurses in Manitoba, it is imperative that I know whereof I may act and speak. It is just as important that I should know the private duty nurses, everyone, as it is that I should know the superintendents of hospitals, of schools for nurses, of public health agencies and the staff nurses thereof. I regret very much that after a year in office I feel I know only a very few of the private duty nurses. That is the real reason that I am particularly happy to be with this group.

Private duty nurses should be sharing actively in the work of *their* association but they are not. Many times I have tried to discover why they don't but I have not been able to solve that problem, and this has troubled me. May I recall some of my mental queries now? By so doing perhaps we will evolve an answer together that may produce a common understanding of our shared responsibilities to others and to ourselves. These things have I asked myself:

1. Why is it so difficult to become acquainted with private duty nurses as a group?

Answer: They seldom have group meetings.
They don't come out to general meetings.
They don't accept committee work.
They don't participate in group effort.

2. Why is it so difficult for this group to maintain an organized, active interest in the profession that *is their life?*

Answer: They do have *time* — as a group, private duty nurses have more leisure time and less overtime than do hospital staff nurses, public health nurses, industrial nurses, etc. One-third of the group is constantly on duty but the remaining two-thirds would always make a representative body.

The membership of the group is continually changing — but this is so in other groups of nurses also. Can it be that, because private duty nurses work separately, independently, alone, they do not value group effort, group opinion, and group management? But because the private duty nurse's work is in a sense solitary, one would think that she would feel the need for group fellowship, group enterprise, and group security to a greater degree than others.

3. Why do private duty nurses feel and say that the Registered Nurses' Association is not doing anything?

Answer: It must be because they do not know what is being done. But they should know. They receive notices of all meetings, they receive the annual reports, they must see statements in the press from time to time. And if they think the association is not

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Miss Pettigrew is the executive secretary of the Manitoba Association of Registered Nurses. She presented this material to a mass meeting of private duty nurses.

"doing anything," it must be because they themselves are not doing anything. After all, *they are* the M.A.R.N. together with all other registered nurses in the province.

So you see, from my point of view, it seems that private duty nurses are not coming together with other nurses sufficiently in the planning and conduct of the affairs of all nurses. There are several reasons why this observation concerns me greatly. It reveals to me that:

1. Many members of our association are not informed about nursing in Manitoba.

2. Our association cannot hope to progress and to merit the respect we desire for our members so long as a considerable proportion of those members are uninformed and inactive in the work of the association. Without an awareness and knowledge of what *is being done* a member retards the progress and welfare of her profession. She cannot represent it accurately to the public — a public which is today intensely interested in and inclined to be critical of us. The public interest, criticism, and questioning about our profession is a very good thing. It should stir us to look at ourselves — our behavior as a group of professional people and as citizens of our community. The public generally is very tolerant in its attitudes toward nursing — usually the criticisms that involve nursing are recognized to be at least, in part, the responsibility of other groups than our own. However, in the main, it is apparent to me that there is very definite reason, at the present time, for every professional nurse to make an inventory of her personal qualifications for the professional status which she holds.

What are the characteristics of a professional person? Recently, one of this continent's most outstanding social philosophers was in Winnipeg. Addressing a group of professional people (not nurses) he enumerated some of the characteristics of a professional person and, as he did so, I noted how applicable each statement was to the profession to which we belong and through which we hope to experience a satisfying life's work. I will enumerate those characteristics:

1. A professional person must *keep in contact with current scientific knowledge.* Science produces facts — facts provide the purpose for doing — the reason why — without which professional practice and skill disintegrates and becomes purely mechanical and of doubtful quality. Have we an eagerness for that which is new? Such an eagerness will find knowledge in current professional magazines, in books, in group discussions, in our everyday contacts with those who are doing work akin or even foreign to our own.

Do private duty nurses generally seek out new knowledge and, after thoughtful application to their daily work, weigh its values? To fail to do so endangers one's qualifications for professional service.

2. A professional person has *a strong moral sense* — that is, a willingness, or better still, an urgent desire to assume the task of conditioning the life of other human beings for good. This moral sense must be controlled by a professional code of ethics and what is a nurse's code of ethics but a listing of the ways in which she may apply the Golden Rule in her professional work? One cannot compromise with truth and be professional. Professional status is based upon integrity — a strong moral sense — absolute honesty — in the giving of medications, in the charting of treatments, in the sharing of responsibilities, in the computing of fees, in the issuance of receipts, in the filing of correct income tax returns!

3. The professional person maintains and enjoys *a wholesome relationship with her colleagues* — a feeling of goodwill, of forthrightness, of true fellowship. This is basic to professionalism. The professional person harbors no ill-will, no suspicions, no "chips on the shoulder," no "agin the government" attitudes. Do we all try to maintain a wholesome relationship with other members of our profession?

4. The professional person *respects the public* — she cannot afford to spurn public opinion. There must be mutual understanding. The nurse must comprehend the needs, the attitudes, the demands of the public — it is her obligation to interpret her services and in doing so to express herself in terms which the lay person can understand. Technical words and terms should be reserved for conversation within the profession or with kindred professions. A common understanding among all humanity is basic to peace — the same principle is equally important within

small groups as large. As members of the Manitoba Association of Registered Nurses, are we all trying to understand each other?

5. The professional person *respects the people she serves*, esteems their rights, their attitudes, their behavior. The truly professional person is free from "a holier than thou" attitude — does not disdain weakness, never betrays confidences. Are we humble in our service? Do we stop to realize that it is a privilege to be permitted to serve? Do we recognize that it was by an Act of the Manitoba Legislature, first passed in 1913, that the people's government, *our government*, gave nurses themselves the privilege, by the incorporation of the M.A.R.N., to determine and require certain defined qualifications for the professional nurse in Manitoba? That privilege could have been withheld and at any time may be challenged by the public, through their legislators. At times legislators have questioned the privilege of self-management that is given to the M.A.R.N. being continued. We must respect the people whom we serve — otherwise we do not merit their respect.

6. The professional person has *a typical attitude of satisfaction* in her identification with the institution, the agency, or the group she works for. It is relationship of trust, of good faith, of fervor in the worthwhileness of the work — distrust, disbelief and suspicion undermine behavior, destroy professionalism. The bitter, "sour," intolerant person cannot grow professionally.

7. The professional person has *a tolerant attitude toward other professions*, to other groups of co-workers, who are working for the same "ends," the betterment of humanity, but by different "means." Are we respectful of the abilities, the helpfulness, the value, of the work that is done by our medical friends, our theological colleagues, the social workers, the teachers, the practical nurses, and community volunteer groups of one type or another? Do we realize their work is a valuable service to mankind just as nursing is? Do we look upon them as fellow workers? If so, why do we sometimes see people shudder at the mention of the word "nurse"?

Why have I thus led you to peer into a mental looking-glass? If in our peering we seem to have detected all the flaws, all the blemishes, it is because I believe that they must be treated and may be quite satisfactorily treated by self-medication and self-will. The success of the treatment will determine our happiness in our professional work and the public's esteem of all nurses.

Nurses in Manitoba enjoy the privilege and freedom of management of their own professional undertakings. The enterprise of the Manitoba Association of Registered Nurses is dependent upon the professional vigor of each member. May your Board of Managers and your executive secretary count on the support and energy of all private duty nurses?

Passing a Milestone

The Yale University School of Nursing, the only school of its kind requiring a college degree for admission, celebrated its 25th anniversary on February 5, 1949.

President Charles Seymour presided at the anniversary celebration in the historical library at the Yale Medical School. Mrs. August Belmont, prominent figure in social and philanthropic work, and Dr. Alan Gregg, director of the Division of Medical Sciences of the Rockefeller Foundation, were guest speakers.

The Yale School of Nursing has never deviated from the objective outlined by Annie W. Goodrich, its first dean, who declared: "The nurse must be scientifically informed, technically skilled, and socially experienced." In its twenty-five years, the nursing school has charted new paths in its philosophy of nursing education, emphasizing the development of the normal human being, prevention as well as the care of sickness, and the responsibility of the nurse in programs for the health of the peoples of all nations.

To date, the Yale School of Nursing has graduated 934 students. Miss Elizabeth S. Bixler, who has been dean since 1944, says, "I think for the advance of the profession, all nurses of the future should have college degrees. We think of nursing as a real profession and, because of the demands made upon those who are in it, nurses should be just as well prepared as possible to cope with the responsibilities that the professional nurse must face."

— *Yale University News Bureau*

Public Health Nursing

Industrial Nursing

SARAH WALLACE

Reading time — 10 min. 24 sec.

WHY DOES MODERN INDUSTRY include in its organization a nursing department? One industrial manager has given the answer in these words:

> It is the opinion of this organization that no company can achieve outstanding success unless employees and management fully co-operate in every way. In order to ensure all personnel being best able to make their maximum contribution to company operations, the safeguarding of health and the improvement of physical well-being is most important. The needs of the employees in our opinion can best be looked after through the employment of a competent nurse.

What is industrial nursing? Briefly it may be defined as "the application of nursing skills to groups of men and women at their places of work for the purpose of helping them build and maintain their best health, and the rendering of prompt and efficient nursing assistance when they become ill or are injured." It should be noted that, in this definition, the building and maintenance of health is given first place, and the rendering of first aid, second. This is a logical sequence for it has been found that as the health of a laboring population improves, the accident rate diminishes. Health, too, is used in its fullest sense which has been described in the constitution of the World Health Organization as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."

Industrial nursing, well done, contributes not only to the health of the workers within the plant but is carried over into the homes and makes a contribution to the general health of the whole community.

RELATIONSHIPS

Every nurse entering industry accepts a big responsibility in the matter of relationships. The success or failure of the service depends to a large degree on the ability of the nurse to establish good relationships with: (1) All members of the organization from the manager to the unskilled laborer, including the medical director and other nurses on the staff; (2) community health agencies, including family physicians. *Some of the points in establishing and maintaining good relationships include:*

1. One should keep in mind that the nursing department in industry is a service department whose success is dependent to a large degree on the ability of the nurse to sell to the workers the value of using it. It is important that at all times the nurse be courteous, professional, neatly dressed, interested in people as individuals, and have a friendly attitude without being familiar.

2. The establishment of good inter-departmental relationships is more important than the actual carrying out of a program at any given time.

3. The policy and program should be clearly defined.

4. Co-operation with the safety officer, personnel director, employment manager, and the foremen is essential. The foremen form an important link between the nurse and the workers and can give a great deal of assistance to a program.

Miss Wallace gave this lecture at a refresher course for industrial nurses at the University of Toronto. She is industrial consultant with the Division of Industrial Hygiene of the Ontario Department of Health.

5. Familiarity with plant organization is necessary in order to go through the proper channels to get things done. A company organization chart on the wall of the health centre is very useful.

6. To contact and meet personally the directors of local health and social agencies, such as the health department, Children's Aid Society, Family Service Bureau, makes co-operation easier.

Scope of Program

The nursing program is largely influenced by: 1. Company policy—whether limited to first aid or including physical examinations and health counselling. 2. Available funds. 3. Ability of the medical director and/or nurse to: (a) visualize the possibilities of expansion within the company; (b) sell those ideas to management; (c) plan and organize the program.

Selling Ideas to Management

The following suggestions may be of help:

1. Find out from others what they have found to be good.

2. Be convinced in your own mind that what you are trying to sell is worthwhile.

3. Be sure requests are reasonable and practical, then analyze expenditures and present them on a percentage basis.

4. Render an account of work accomplished through reports, such as monthly and annual reports, reports of conventions and conferences attended.

Ratio of Workers per Nurse

The proposed minimum requirements for industrial nursing service in Ontario are as follows: Number of employees, per graduate registered nurse, per shift—

Up to 499 — One
500 to 999 — Two
1,000 to 1,599 — Three
1,600 to 2,299 — Four
2,300 to 3,000 — Five

For each additional 800 employees on a shift, one additional graduate registered nurse is required. Recommendations in the United States vary somewhat from the above.

In plants with under 300 workers consideration should be given to the advisability of maintaining a full-time or part-time nursing service. Quite a large number of Ontario plants with from 150 to 300 workers maintain a full-time nurse. Others utilize the part-time services of the Victorian Order of Nurses, and a few plants have an independent nurse on a part-time basis.

Many nurses in industry work alone, with a doctor on call only for emergencies. For the nurses in this group who might be asked to outline a program including the services of a medical director on a part-time or full-time basis the following may be of help; for a part-time physician a minimum of one hour and preferably two hours per week per one hundred employees is recommended. In plants with 2,500-3,000 workers, a full-time medical director is recommended.

Physical Facilities

In choosing a location for the plant health centre, consideration should be given to the following:

1. Possibilities for future expansion.

2. Accessibility to all employees.

3. Safe distance from any hazardous process where there is a danger of explosion, etc.

4. Good ventilation and illumination.

5. Adequate sanitary facilities, including hot and cold running water and toilet facilities.

6. Distance from noise, although rooms can be sound-proofed.

Size: A number of factors influence the size, such as:

1. Available space, existing walls and plumbing. In many plants it is not possible to obtain the desirable amount of space.

2. The number of employees and the number of shifts.

3. The proportion of men and women employed.

4. The extent of the program. If physical examinations are included more space is required.

5. The location of the industrial establishment. If isolated and distant from facilities for handling emergencies, it may be necessary to provide more space.

Efficient nursing service depends more on the ability of the nurse to adapt available facilities to constructive uses than upon elaborate equipment. Nurses should not, however, be obliged to work in unpleasant and inconvenient quarters if this can be avoided. A one-room lay-out may be the cheapest but does not offer the most satisfactory working arrangement. For efficient service a minimum of three rooms is required. The commonest arrangements for these rooms are:

1. (a) Waiting room; (b) treatment room; (c) room for physical examinations, consultations, and recovery.
2. (a) Treatment room; (b) room for physical examinations and consultations; (c) recovery room.

Additional rooms can be added depending on the size of the plant. When planning rooms for recovery, one should think of convenience in observing patients who are ill.

In determining the actual space required, the following suggestions may be of help. These are based on recommendations in an article by Dr. M. H. Manson, the book "Nursing in Commerce and Industry" by Bethel McGrath, and investigations made in Ontario in plants whose health service space seems adequate:

For 200 or less workers — about 125 sq. ft.

For 200-500 workers, with full-time nurse and part-time medical director — about 300-350 sq. ft.

For 1,500 workers — about 1,200-1,600 sq. ft.

Doorways to admit a stretcher should be 44 inches.

Name: Many terms are used such as: First Aid, Dispensary, Hospital, Medical Department, Surgery, Health Service, and Health Centre. In general, it is felt that the word health in the name indicates a service broad in scope, implying prevention of illness and promotion of health as well as the care of the ill and injured. For this reason *Health Centre* or *Health Service* is recommended.

Costs: A study carried out during the war by Allied War Supplies Corporation gave the average cost for maintaining the health services as approximately $1.00 per visit per employee. As visits averaged about one per month per employee, average cost was estimated at about $12 per year per employee. This would vary according to the size of the plant—higher for the small and lower for the large plant. Last year, one firm in Toronto found their average cost to be $1.14 per employee per month or about $14 per employee per year. These costs include salaries of all health service personnel.

Equipment: When equipping the Health Centre, nurses will find that the plant carpenters can be most helpful in building cupboards, stools, tables, and other furnishings. A list of suggested equipment for the Health Centre can be found on page 315 in the book "Nursing in Commerce and Industry" by Bethel McGrath, also on page 508 in "Public Health Nursing in Canada" by F. H. M. Emory. Additional advice can be obtained in Ontario by writing to the Division of Industrial Hygiene, Department of Health, Parliament Buildings, Toronto 2. Nurses located in other provinces can obtain information from their provincial division of industrial hygiene or by writing to the Division of Industrial Hygiene, Department of National Health and Welfare, Ottawa.

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Institutional Nursing

Use of Films in Teaching in Schools of Nursing

FLORENCE GASS, B.Sc.

Reading time — 6 min. 24 sec.

ALL TEACHERS, no matter what their subject, are on the look-out for new devices to improve or to enrich their instruction.

Early in the history of principles of teaching, we were taught that the learner was more stimulated to learn, and had that knowledge consolidated to a greater degree by using something concrete—something the student could see or, as we call them, visual aids in teaching. Charts, graphic illustrations, and colored photographs have become a necessary part of a textbook. In the classroom, models, charts, graphs, and slides have been used with a moderate amount of interest displayed by the students. All of these m ans had to be interpreted carefully, for they were usually symbolic representations, and strange and inaccurate ideas could be derived from them.

A much more lively interest, a definite stimulation and motivation is obtained from the moving picture films. With them, we can present real life situations, showing them in some cases in natural colors, at a time when they are most essential to the student.

How true this is in a nursing school! The instructor in medical nursing, for instance, must do her best to describe the appearance—the dusky color, the type of respiration, the expiratory grunt of a patient with lobar pneumonia, in the middle of June or some time when no actual patient is to be had. The student is much more apt to recognize the symptoms and remember if the details are presented to her in motion picture form even though it be shown after a difficult period of duty, when the student is very tired and on the verge of sleep. Attention to this type of stimulation is almost involuntary. The learning retained from the motion picture is greater and longer lasting than any word picture made by the instructor, no matter how good she is at descriptive detail.

Films can never take the place of some of our other methods of teaching, such as our bedside clinics. Even if the movie "heroine" has a beautiful textbook set of symptoms with her pneumonia, these symptoms cannot be as meaningful to the nurse as those of little Mrs. Smith, whom she has been looking after all week. We must not give up bedside teaching, but we cannot always have the types of illnesses we want to fit into our correlated lectures. Even where a patient has been seen at some time previously, the film serves as a reminder, a means of consolidation, or a definite application of that type of illness to its place in relation to the present series of lectures.

The use of films should be particularly valuable in smaller hospitals where they may not only have difficulty in seeing the actual patients, but where, also, there may be little experience afforded in various procedures or in handling certain equipment.

Anatomy and physiology are other subjects which lend themselves particularly well to this teaching tool. There are many worthwhile films available, and the majority of them

Miss Gass is instructor in nursing arts at the Royal Victoria Hospital, Montreal.

have a running time of ten to twelve minutes, so that a considerable number of them can be shown without taking up too much time—a point of prime importance in a heavy schedule. A short time spent in this way at the end of a period will serve as a good summary of key points.

Many interesting and practical experiments in physiology which could not be carried out in the nursing school laboratory can, in this way, be made available to the student. Various body activities can be clearly and simply pictured on the screen. The learner, who sees a graphic demonstration of the movement of the CO_2 and O_2 molecules between the tissue cells, the air sacs, and the blood; or the passage of various substances along the kidney tubules with the reabsorption of some of these, will be greatly aided in her understanding of these complicated but very important body activities. Films can also be helpful in visualizing the types of body movement. The movements of the gastro-intestinal tract, such as peristalsis and movement of the villi, or contraction of the ciliary muscles of the eye, are only a few of those pictured in valuable films.

Dr. C. Gilchrist, Director of Information Service, Department of National Health and Welfare, has referred to health education materials as "the front-line troops in our peacetime battle against disease and suffering."* This department feels that films are so important that they are setting aside a large proportion of their budget for films alone. These educational materials are provided to each of the provinces for their own use. If these are to be made available to lay people, it goes without saying that nurses should have these same films provided for them, not only for their own education, but to help with their health teaching to their own patients, both in the hospital and the community. These are only a few specific instances in which films are valuable, but there is more to be considered than these possibilities.

Needless to say, one's choice of films must be made with care. The interpretation of the film to the students must be done very carefully, in order that they may derive the fullest benefit from it. Strange voices, poor acoustics, etc., are apt to make it all confusing at first, unless some explanation, or rather an outline of the film to be seen, can be given. The instructor can do this herself by seeing the film through once or twice beforehand and making notes. Some film companies supply detailed interpretations which can be studied and discussed immediately after seeing the film. These are of great help to the instructors.

Another point to consider in the choice of a film is that there must not be any distracting details. I became aware of this point in a nursing film dealing with the care given to a patient with heart failure, where the particular point of instruction dealt with the taking of blood pressures. The students were so fascinated by a tiny portable table for the thermometers and blood pressure machine that they missed the instruction being given. I know this is difficult, for what is routine for one hospital may prove very interesting and distracting to students of another. However, this can be considered as concomitant learning.

Another problem that presents itself is lack of suitable films. I have mentioned that one of the values of using them in teaching nursing arts is in cases of seldom used treatments or equipment in small hospitals or in large ones, too, for that matter. How many times in the course of a year do we see abdominal paracentesis or the artificial pneumothorax? How much easier it would be to teach the nursing responsibilities in these more advanced and less frequently used procedures by explaining the principles involved, examining the equipment, and then showing the actual procedure on the screen. The National Film Society of Canada has an excellent library of films, but I would

*"Let 'Em See It." C. Gilchrist, in *Health*, Jan.-Feb. 1948.

suggest they should include more nursing procedure films for the benefit of all nurses.

Films are expensive pieces of equipment to own. We find that renting them has proved very satisfactory, particularly as we use them only twice a year.

The following is the list of companies having films available for rent:

1. National Film Society of Canada
   172 Wellington St., Ottawa.
2. Arrow Films Ltd.
   Toronto and Montreal
3. General Films Ltd.
   1396 St. Catherine St. W., Montreal.
4. City Dept. of Health—loaned free of charge.
5. Provincial Dept. of Health—loaned free of charge.

In the Good Old Days

(*The Canadian Nurse, March, 1909*)

"Canadian nurses who have never visited England have before them one of the most delightful of earthly experiences. Even those of moderate means need not fear to undertake it. Nurses work hard. They often lose sleep. Their nervous energy is given freely to their patients and they need to be 're-created.' There is nothing else that can do this as successfully as an Atlantic voyage."

* * *

"Nurses who are thinking of attending the International Council of Nurses, meeting in London in July, should lose no time in securing passage on some safe and comfortable steamship. The Canadian Pacific Railway Company have kindly sent us the following information re their 'Empresses.' After the 1st of May the minimum rate is $90 each way on these magnificent steamers."

* * *

"One of the first things my superintendent impressed upon me when I entered the hospital was the importance of charting and that in order to chart successfully a nurse must be methodical, observant and attentive . . . I think many nurses pay too little attention to charting."

* * *

"Another new hospital is opened in the West, this time in Minnedosa, Manitoba, and we have the greatest pleasure in announcing this, remembering how much good will surely be done within its walls. Hospitals are greatly needed in the western part of Canada."

* * *

"We have just received a copy of 'The Nurses' Cook Book' as published by the Toronto Graduate Nurses' Club . . . We gave it to our cook and within twenty-four hours she pronounced it 'a lovely cook book,' and would use no other."

* * *

"The applications from countries willing to affiliate (with the I.C.N.) — Holland, Finland, Denmark and Canada — will be received."

℞ *Chuckles* P.R.N.

In taking blood pressure, the first sound you hear is the systolic, the last is the diabolic.

Typhoid fever is caused by the Clostridium botulinum.

Droplet infection means when the foot drops because the bed-clothes are too tight on the toes.

Turn the handles of pots away so children cannot reach them when sitting on the stove.

The muscles of the fingers are especially adapted for delicate manoeuvres.

The only real treatment for bronchitis is surgical removal.

The patient's position in bed should be changed because a change of scenery is good for the morale.

Flagella is known as the "spirit of nursing."

Toe and finger nails shine with a brilliant yellow-green light when a person who has taken anti-malarial doses of atabrine (quinacrine hydrochloride) is exposed to ultraviolet light.

Aux Infirmières Canadiennes-Françaises

Anesthésie, Analgésie, Amnésie en Obstétrique

JACQUES N. GAGNON, M.D.

JE VEUX résumer les différents procédés d'analgésie et d'anesthésie employés en obstétrique, vous en exposant les avantages et les désavantages, et accentuant sur les plus aptes à vous rendre service suivant que le travail est exécuté à domicile, à la campagne, ou à l'hôpital.

Comme vous le constatez, le chapitre est vaste, trop vaste pour une étude approfondie. Nous passerons donc rapidement sur les techniques les plus désuettes.

Tout d'abord posons un principe générique: Tout médicament calmant est bon, qu'il soit opiacé, barbiturique, ou autre; qu'il soit d'action centrale ou régionale, à la condition qu'il soit utilisé à bon escient, i.e.: (1) à la dose exacte pour l'effet désiré et connu; (2) en relation avec les susceptibilités personnelles de la patiente; et (3) au moment propice.

LES ANESTHÉSIQUES

Tous utilisés habituellement à la période d'expulsion:

Les volatils — chloroforme, éther, chlorure d'éthyl. Ils restent les anesthésiques de choix à domicile et même à l'hôpital pour la majorité des cas normaux. Une mixture comprenant ¼ de chloroforme et ¾ d'éther est à mon avis la formule idéale et moins toxique.

Les gazeux: le cyclopropane, utilisé surtout à l'hôpital durant les longues interventions. Le protoxide d'azote pour sa part rend la contraction utérine indolore sans l'enrayer. Il est surtout utile à grande paume. Il ne donne pas de résolution musculaire et reste délicat à manipuler à l'expulsion puisqu'il n'arrête ni ne ralentit la contraction. Ce gaz est donc utilisé à titre d'analgésie que durant la dernière période de dilatation.

Les locaux — la caudale, à l'hôpital seulement. Dangereuse à domicile, à cause du danger de contamination et de shock. S'emploie durant les périodes de dilatation et d'expulsion. Méthode de choix quand elle va bien. Difficile d'application en dehors des centres hospitaliers où il y a absence de personnel entraîné. Pourcentage de réussite d'environ 30 pour cent dont 1 à 2 pour cent d'accidents: incontinence d'urinaire, paralysie temporaire et parfois permanente des membres inférieurs, infiltration et infection des tissus mous recouvrant le sacrum, et quelques mortalités. De moins en moins utilisée même aux Etats-Unis, sauf pour des cas bien particuliers. La rachi-anesthésie, utilisée à l'expulsion seulement dans les centres hospitaliers. Plus en faveur actuellement que la caudale.

Le bloc périnéal, de plus en plus employé, il requiert une technique simple. Il est très utile chez les cardiaques et en général chez les patientes qui ne pouvent supporter l'anesthésie par inhalation. Il consiste en une anesthésie locale du périnée, du pourtout de l'anus, des grandes lèvres, et du plancher du vagin. Une bonne anesthésie requiert environ 50 cc. de novocaïne ou autre produit similaire (procaïne, méthycaïne) et permet en général l'application du forceps, l'épisiotomie et la reprise du périnée sans autre adjuvant par inhalation.

LES ANALGÉSIQUES

Les analgésiques pour leur part sont ordinairement employés durant la période de dilatation du col utérin. A retenir deux grandes classes:

Les hypnotiques: tous de la grande famille des barbituriques. Que ce soit phénobarbital, amytal, pentobarbital, séconal, ou nembutal. Ils diffèrent les uns des autres par leur durée d'action.

Le Dr Gagnon est médecin de l'Hôpital Général de la Miséricorde, Montréal.

Les narcotiques: comprenant la morphine, les médicaments du groupe de la belladone, tels la scopolamine, l'hyocine, et l'atropine, enfin les dérivés et les succédanés synthétiques tel le démérol.

Les barbituriques: tous ils ont été utilisés et classifiés — séconal, nembutal, phénobarbital, etc. Les formules se rapprochent; les différents radicaux sont responsables des durées d'action et les intensités calmantes. Administrés per os, ils possèdent tous les mêmes défauts: absorption inégales et incertains selon les estomacs, danger de vomissement de la part de la patiente. Administré par le rectum en capsule ou en lavement, l'absorption est plus régulière, plus complète mais reste sujette aux susceptibilités de chacune.

Le pentothal: par exemple, dérivés du nembutal nous a donné des résultats très encourageants. Il est rapide d'action et d'élimination, sans danger pour la mère et l'enfant. Le pourcentage de réussite parfaite se rapproche de 70 pour cent; analgésie et anesthésie partielle, environ 15 pour cent; absence d'analgésie, 15 pour cent. Tous les cas cependant évoluent rapidement et en général le travail se termine dans les quelques heures qui suivent son administration. A l'Hôpital Général de la Miséricorde où les travaux ont été éxécutés, le pentothal par voie rectale est devenue la technique de routine, chez 90 pour cent des primipares et près de 50 pour cent des multipares.

Les Opiaces et les Calmants Synthétiques

La morphine reste encore le médicament de choix pour les cas rébarbatifs. Administrés loin de l'expulsion, elle demeure le plus puissant réducteur des anneaux de contractions tenaces. Près de l'expulsion, elle est responsable de la dépression respiratoire des bébés.

La spasmalgine possède la morphine et est soumis aux mêmes remarques.

Le démérol, produit synthétique de même formule et de même indication que la morphine, est aujourd'hui le plus employé à l'hôpital et à domicile. Il remplace avec succès la morphine, étant un moindre dépresseur de la respiration du bébé. Il est cependant et très souvent impuissant lorsque utilisé seul. C'est pourquoi en général il est associé à un autre produit soit analgésique, soit amnésique.

La scopolamine est en général utilisée à titre d'amnésique seulement. La dose habituelle est de 1/150 de grain. Associée à la morphine, la scopolamine à dose répétée a donné naissance en 1902 à une technique allemande appelée "Twilight Sleep."

Le parturiol — produit français, développé durant la récente guerre, possède un analgésique (la codéine), un stimulant de la contraction utérine (la spartéine), et un amnésique (la scopolamine). Il a connu beaucoup de succès en France. N'a pas cependant donné ici les résultats vantés, parce que nous étions habitués à des doses analgésiques plus effectives. En général, il donne 50 pour cent de réussite. Il possède cependant cet avantage d'être un complex calmant de la douleur, stimulant de la contraction utérine, et un amnésique général.

A ce nombre imposant de médicaments qui composent aujourd'hui l'arsenal thérapeutique de l'accoucheur, il reste une classe qui est hélas parfois trop ignorée, et qui était autrefois la seule arme effective de nos prédécesseurs.

Les Anti-spasmolitiques

Les anti-spasmolitiques, tels l'adrénaline, la trensentine et, le plus puissant de tous, le sulphate de magnésie. Les vieux accoucheurs les connaissent, les plus jeunes l'ignorent trop souvent. Etes-vous en face d'un cas récalcitrant où la dilatation ne procède plus, où la contraction malgré les calmants et les associations analgésiques, cède pas: en général les cas de contraction d'anneau du corps utérin ou du col, donnez 4 cc. de sulfate de magnésie à 50 pour cent et ¼ de grain de morphine, arrêtez tout travail, laissez reposez votre malade. Une heure ou deux après, la dilatation est habituellement complète, l'expulsion se produit spontanément. Malgré leur antiquité, ces médicaments ne sont pas à oublier.

Sodium Chloride, common table salt, has been found to check the greying of hair, it was announced recently. If rats, dogs, and other animals are deprived of one or more "B filtrate factors" in diet, apparent signs of old age are produced. The animal loses hair, the hair or fur turns white or dull grey, the skin loses its healthy appearance and activity.

— *C-I-L Oval*

Notes from National Office

Reading time — 16 min.

I.C.N. Reservations

HAVE YOU MADE your reservations for the International Council of Nurses Conference at Stockholm in June and for the extra Study Tours? If not, do it now. Word has just been received that registration for the special course in Norway will be limited to a hundred and that it will be open only to the nurses going on to the Conference. Do not expect to secure reservations in Stockholm or to arrange for tours after your arrival in Sweden. Write now to Thos. Cook & Son Ltd., 1241 Peel St., Montreal2, who, as all readers of *The Canadian Nurse* are aware, have been asked to handle travel arrangements. Cook's have been able to obtain a special allocation of berths for this purpose, for the sailings of the *Empress of Canada* on May 13 and May 27, but it already appears that this space may not be sufficient, if the present rate of application is any indication. Mr. R. F. Cummings, the branch manager of Cook's, advises us that he has already booked nurses from all over Canada and that nurses who delay their applications much longer may be disappointed.

From the professional standpoint, we feel sure that nurses who make this trip will feel that their time has been well spent and that it will be an experience on which they will look back with pleasure in the years to come. Apart from this, the trip itself, together with the alternative itineraries which are offered, will provide one of those "once-in-a-lifetime" vacations. The itineraries, which may be found in the November and December issues of *The Canadian Nurse*, offer an interesting variety which includes Scotland, England, Wales, Norway, Sweden, Denmark, Holland, Belgium, and France. The main itineraries cover the capitals of Scandinavia and the Low Countries, but there are also opportunities, for those who wish so to do, to join extended tours, details of which appear in our December edition. These Conducted Tours cover Switzerland, Italy, and the Riviera.

We cannot stress too strongly that these tours are limited in number and the space available is rapidly being taken up so, if you have been considering taking one, now is the time to make your reservation. Don't leave it too late. It would be very disappointing to decide to go, get your heart all set on this wonderful trip, and then find that Procrastination, that thief of Time, had also stolen your reservation!!

You will find all the information you want in our November and December issues, and if there is any point on which you want more light, or to make your reservation, just write to Mr. R. F. Cummings at the address given above. He will be very happy to help you plan your trip for the best vacation you ever had. Avoid disappointment! Make your Stockholm reservations early through a travel agency or directly by writing to: Miss Karin Elfverson, acting president, Swedish Nurses' Association, Ostermalmsgatan 33, Stockholm, Sweden.

The Proper Task of a Nurse

Canadian nurses, in company with their British and American sisters, have been asking themselves "What is the proper task of the nurse?"

The Nursing Times, December 18 issue, carries a report by Mr. Goddard, Director of Enquiry on Job Analysis for the Nuffield Provincial Hospitals Trust, to the public health nurses at the Royal College of Nursing, in which he attempts an answer to this crucial question. In an attempt to find an answer, certain hospitals were used as fields for research but recently many other hospitals have asked that an analysis be made. Mr. Goddard then explained that as it was difficult to obtain proper information by

questionnaires and as supervisors did not always prove an adequate source of information on job content, the analysis is done by a team working in the hospital over the twenty-four hours for a seven-day week.

There is no nurse in the team, as no useful purpose can be served by having someone who has a preconceived idea as to how the job can be done. The teams, using a new technique, look for two essentials—the nature of the job and the type of worker. The first move is to contact the management and the matron. Then a letter is sent to the employees asking for their co-operation, and saying what the job analysis team will try to do. This is followed by a one-day tour of the whole hospital, with group discussions when the teams introduce themselves to the employees. Then the teams go on duty with the staff and a minute-by-minute account is kept in diary form of the work done, both day and night, by the staff throughout the hospital. After this, three members of the team go to special departments, and three more go to interview selected persons. These reports are then read by statisticians who break them down and produce an analysis, and this, with all the facts that have been gathered in, is examined by a panel of experts who want to find out how to get the best out of the right people. Apart from the work done in the hospital this overall work takes eighteen months, the whole cost being borne by the Nuffield Trust. In one example, it was found that 20 per cent of the things that an assistant matron did were unnecessary, such as sorting the hospital mail each morning. This was not work she desired—it had just become a routine and she had accepted it.

Mr. Goddard remarked that everybody should do a mental stock-taking each year in an attempt to eliminate wasting effort on unnecessary work. He said he was confident that facts will emerge from the analysis that would answer the question, "What is the proper task of the nurse?"

The Provinces Report

Alberta: Active membership, as at December 14, 1948, is the highest on record; important changes in the Registered Nurses' Act as amended in 1948; institutes on Ward Management, and Infant and Child Care, being arranged in conjunction with the Extension Department of the University, to be held in Edmonton; Nurse Placement Service for Alberta became a part of the Executive and Professional Division of National Employment Service as from November 1, 1948; an interesting piece of work on personnel policies in relation to nurses employed in hospitals; a raise in fees from $6.00 to $7.00 by private duty nurses in Calgary, Edmonton, and Lethbridge; a revision of the A.A.R.N. fees by which active membership annual fee is raised from $5.00 to $8.00 and an associate membership annual fee of $1.00 established as from January 1, 1949.

British Columbia: In the fall, a joint meeting of the Council and Committee on Educational Policy was held at which a revised plan for a central school of nursing was studied, subsequently submitted to the University of British Columbia and the request for a centralized nursing program is now under consideration at the university; a brief was submitted to the Central Committee, Federal Health Grants, urging that funds be made available for the proposed new school; official representation from R.N.A.B.C. on the above-mentioned Central Committee has been secured; the Committee on Instruction is revising the curriculum for British Columbia schools of nursing; a one-day conference held in December at the University of British Columbia; the closing of the St. Eugene school of nursing, Cranbrook; the adoption of constitution and by-laws by the student organization and the future plan to hold annual meetings in conjunction with R.N.A.B.C.; the student association plan to prepare a leaflet for recruiting purposes; the success of the testing program for nurses whose qualifications do not meet registration requirements; activity on the part of the Joint Study Committee on Health Insurance; graduation of the first class of practical nurses (8) from the Vancouver Technical School in December; nine collective agreements entered into on behalf of the nurses employed by eight hospitals and one public health agency, application for certification of the R.N.A.B.C. as bargaining agent for two additional hospitals.

Manitoba: The minimum curriculum of 1941 is now under revision; the issuance of membership pins is to be discontinued; the appointment of a special committee to prepare a plan for the evaluation of the qualifications of immigrant nurses proposing to

practise in Manitoba; the direction of an appeal to private duty nurses and students in schools of nursing on behalf of the Manitoba Sanatorium Board for graduate nurse staff; expected completion in January, 1949, of "Recommended Personnel Policies for Nurses in Manitoba"; a request to draft personnel policies for the Manitoba Association of Registered Nurses; study of the present Act, constitution and by-laws by the Registration Committee, preparatory to redrafting the same; raising of the private duty nurses' rates; the holding in December, 1948, of the initial meeting of the Advisory Committee to the Board of Managers; the visit of Miss Louise M. Suchomel, Director, Joint Orthopedic Nursing Advisory Service of the U.S.A., at the request of the Advisory Committee, Manitoba Division, Canadian Red Cross Society, to discuss preliminary plans for an institute on orthopedic nursing; the study by the Joint Committee of the M.A.R.N. and Manitoba Hospital Association of the feasibility of using rural hospitals for student nurse affiliation experience resulting in the following conclusions: That the cost to the parent school of nursing is such that the plan cannot be commended. That the cost of additional supervisory personnel would be disproportionate to the value of services rendered by affiliating students. That the expenditure of large sums of money for the preparation of a small number of student nurses is questionable when a like amount would provide additional instructors and teaching facilities in existing schools of nursing for the benefit of a much larger number of students. That some of the existing schools have indicated that additional applicants could be enrolled. That governmental subsidy be sought for existing schools of nursing in Manitoba to facilitate increased enrolment of applicants. That this report has been endorsed by the Board of Managers of the M.A.R.N. and by the Joint Committee but at the time of writing the report had not yet received the endorsation of the Manitoba Hospital Association although its acceptance is anticipated.

New Brunswick: At the annual meeting which was well attended the Public Health Section decided to have a two- or three-day institute in 1949. The Legislative Committee has completed a revision of the Act of Incorporation, N.B.A.R.N., for presentation at the coming legislature; the Institutional Committee has been working on a new curriculum for nursing schools in New Brunswick and has completed and forwarded to the schools the material for the first year's work in preparation for the introduction of examinations at the close of the first year; all but three schools have the required quota of students for the fall classes; 136 candidates, the largest group on record, wrote registration examinations in November; approval by the N.B.A.R.N. of the appointment of a full-time Maritime school adviser.

Nova Scotia: A special committee has been set up to co-operate with and advise the superintendents of schools of nursing in respect of student wastage; the recommendation of the use of psychometric tests for prospective students; consideration of the appointment of a Maritime inspector of schools; a meeting with the director and supervisor of Provincial Vocational Training to discuss the association's attitude toward the training of practical nurses by Vocational Training and the recommendation by the association that such training be deferred until some satisfactory means is provided for regulating the standards and practices of said practical nurses; submission to the Minister of Health of the province for an allocation from the Federal Health Grant to be used to increase student training facilities, resulting in a request for the nomination of a member to act on the proposed Advisory Committee to work with the Planning Committee set up by the Provincial Department of Health and the appointment of Miss M. K. Miller in this capacity; study by the Legislative Committee of a proposed revision of the constitution and by-laws of the association in order to set up enabling machinery for licensing for all who nurse for remuneration within the province; the setting up of a Public Relations Committee; suggested study by the Labor Relations Committee of the Nova Scotia Labor Act; dissolution of the British Nurses' Relief Fund and the History of Nursing Committees.

Ontario: The total contributions to the National Office for the War Memorial Trust Fund amount to $10,912.95; six loans, amounting to $2,550, have been granted since September 1 to assist members in taking post-graduate courses; the opening of a community nursing registry in Peterborough bringing the total number of registries in Ontario to twenty-five; the sponsoring for its members of Continental Casualty Company's group plan for accident and sickness; the submission of a second draft Bill for an

Ontario Nurses' Act on November 27, 1948; arrangements for the annual meeting in Ottawa, April 18-20, 1949.

Prince Edward Island: The submission to the Minister of Health and Welfare of a request for nurse representation on the Provincial Health Planning Committee, resulting in the appointment of Dorothy Cox as nurse representative on this committee; use of a portion of Federal Health Grant to secure outside assistance in a nursing school survey and with revision of the Registered Nurses' Act; revision of the association by-laws by which sections were abolished in favor of standing committees; increase in annual fee from $2.00 to $5.00 per annum effective January 1, 1950, and increase of initial and reciprocal registration fees from $5.00 to $10.00, effective as of September, 1948; provision of two bursaries by Provincial Health Planning Committee for post-graduate work at McGill University.

Quebec: The number of new nurses registered and licensed in 1948 was 1,330, making the total active membership 6,842; the waiver clause, which opened the doors widely, ceased to function as of December 31, 1948; the School of Nursing Committee now recommends policies covering the admission and re-admission of students; the arrival in Quebec in the past two years of twenty Danish nurses to secure experience in Canadian hospitals; placement of thirteen nurses from displaced persons camps; the appointment of Suzanne Giroux on the Advisory Committee in connection with the administration of the Federal Health Grant; at the request of the Registered Nurses' Association of Prince Edward Island, a survey of hospitals and assistance with the drafting of a Nurse Practice Act; the appointment of A. Martineau, French first vice-president, to represent the association at the International Council of Nurses Conference.

Saskatchewan: The Nursing Advisory Committee and representatives of the Saskatchewan Registered Nurses' Association have had a number of meetings with the Health Service Planning Commission and are in frequent contact by letter and telephone; a study to determine, on recommendations, the expenditure of the Federal Health Grant, resulting to date in two recommendations sponsored by the association, i.e.: (1) That the objective of the grant allocated for construction be enlarged to include residential accommodation for nurses. (2) That the Training Grant be very substantially increased and that certain projects, such as a central school and other means to support legitimate increase in student nurse enrolment, be included among the objectives for which this grant may be used. Revision of regulations under the Hospital Standards Act by the Commission in consultation with the S.R.N.A. and other affected organizations; revision of the "Recommendations Related to Nursing Personnel" prepared in 1946 and the mailing of a copy to each member of the association as well as to the authorities in hospitals; formation of three new committees: (a) Committee to Pass on Doubtful Applicants, (b) Committee on Public Relations, (c) Committee to carry on research or investigations in connection with nursing procedures; amendment of constitution and by-laws in conformity with amended Act; inauguration of a modified version of block system in another large school; establishment of first-year qualifying examinations; more general use of the Nurse Placement Service and continued governmental support for it.

The Nurses' Christian Fellowship

For some time now in Canada, there has been a growing sense of need for spiritual counselling and Christian fellowship among Protestant student nurses. This has arisen quite spontaneously among the students themselves, in conjunction with similar chapters in colleges, universities, and normal schools. The Inter-Varsity Christian Fellowship, which functions among students around the world, has seen the need among nurses and has graciously offered assistance. However, the work has grown to such an extent that we are now officially organizing as a separate, affiliated branch of our own with a graduate nurse in charge.

In other lands, the Nurses' Christian Fellowship has been functioning for several years. Those in England, Australia, and South Africa now publish their own monthly or quarterly *Fellowship Journal.* The United States, too, have active work among both students and graduates. And so, at last we in Canada are looking forward to the interest and growth of this work among Canadian nurses.

Many of our hospitals have had their Fellowship Chapters for a number of years and have found them helpful indeed. These have been conducted by the students themselves, and are inter-denominational. They are held in the residences, and are open to all who wish to attend. The students themselves lead in the weekly Bible studies and discussion periods. They are encouraged, too, in other activities—missionary teas, firesides, and visiting speakers. Some include a "Probie reception" for new students entering training, while others sponsor an annual tea.

We feel that such a Fellowship can make a real contribution to our hospitals and training schools, and to the individual life of the nurse as well.

Those interested, please write: Miss Laura Larmour, R.N., Secretary, Nurses' Christian Fellowship office, 30 St. Mary St., Toronto 5, Ont.

Notes du Secrétariat de l'A.I.C.

Congrès International

Désirez-vous assister au Congrès International de Suède en juin prochain? Si oui, il est grandement temps de faire vos réservations. Ecrivez à Thos. Cook & Son Ltd., 1241 rue Peel, Montréal 2. Thos. Cook, à la demande des infirmières, a organisé un voyage. Il y a encore des places disponibles sur l'*Empress of Canada*, traversée du 13 et du 27 mai.

Au point de vue professionnel, les infirmières retireront de grands avantages de ce congrès. Comme vacances, le voyage est idéal. Parmis les pays à visiter, l'on peut choisir entre l'Ecosse, l'Angleterre, le pays de Galles, la Norvège, la Suède, le Danemarque, la Hollande, la Belgique, et la France. Le séjour le plus prolongé sera dans les états scandinaves et dans les Pays-Bas, mais pour celles qui le désirent l'on peut les diriger vers la Suisse, l'Italie, et la Côte d'Azur.

N'attendez pas à la dernière minute pour faire vos réservations de voyage. Ecrivez à M.-R. F. Cummings à l'adresse donnée au début de ces *Notes* et pour vous inscrire au congrès, écrivez à: Mlle Karin Elfverson, Association des Infirmières de Suède, Ostermalmsgatan 33, Stockholm, Suède.

Quelle est l'Occupation de l'Infirmière?

Les infirmières du Canada, de même que leurs soeurs des Iles Britanniques et des Etats-Unis, se sont demandées: "Quelle est la véritable occupation de l'infirmière?" L'on semble vouloir répondre à cette question.

Dans la revue anglaise *Nursing Times* du 18 décembre 1948, on peut lire un rapport sur l'analyse des tâches (job analysis) présenté aux infirmières du Collège Royal des Infirmières.

Afin de répondre à cette question, l'on a choisi certains hôpitaux où l'on a fait l'analyse des tâches. Durant une semaine, vingt-quatre heures par jour, l'on a observé et analysé le travail qui se fait à l'hôpital. L'analyse est faite par un groupe où il n'y a pas d'infirmières. La présence d'une personne ayant des idées préconçues n'est pas nécessaire.

La technique employée a pour but de connaître la nature du travail et les qualifications de la personne qui l'exécute. L'on procède ainsi: D'abord l'on rencontre administration et la directrice des infirmières. L'on demande leur co-opération et l'on leur explique ce que l'on se propose de faire. Cet entretien est suivi d'une visite de l'hôpital d'une journée, le groupe chargé de l'analyse est présenté aux employés, et l'on discute le projet. Les analystes vont enfin en service avec le personnel et l'on tient compte dans un journal, minute par minute, du travail accompli le jour et la nuit par le personnel de tout l'hôpital. Après celà, trois membres du groupe vont dans les services spécialisés et trois autres ont des entrevues avec des personnes choisies.

Ces rapports sont lus par des statisticiens qui en font la compilation et l'analyse, puis tous les faits rapportés sont examinés par un comité d'experts qui cherchent comment obtenir le meilleur rendement d'un personnel adéquat. Ce travail a duré dix-huit mois, le Nuffield Trust en a assumé le coût.

L'on a trouvé, par exemple, que 20 pour

cent du travail fait par l'assistante de la directrice n'était pas de son occupation, tel que faire le triage des lettres chaque matin, etc.

Les hôpitaux où l'analyse a été faite ont été très satisfaits et d'autres hôpitaux veulent aussi se faire évaluer. L'on devrait tous les ans, disait la directeur de l'enquête, faire un inventaire, afin d'éliminer les efforts inutiles et le travail qui n'est pas nécessaire.

RAPPORTS DES ASSOCIATIONS PROVINCIALES

Alberta: Des amendements importants ont été faits à la Loi des Infirmières durant 1948. Des journées d'étude ont été organisées avec le concours de l'Université d'Alberta, Edmonton, sur l'administration d'un département d'hôpital et sur le soin des nourrissons et des enfants. Le bureau de placement des infirmières de l'Alberta fait maintenant partie du service national du placement professionnel.

Une augmentation des honoraires des infirmières du service privé de $6.00 à $7.00 est à noter. La contribution annuelle des membres de l'association a été augmentée de $5.00 à $8.00.

Colombie-Britannique: A l'automne, le Conseil de l'association et le Comité de l'Education se sont réunis, afin d'étudier un plan revisé d'une école centrale pour les élèves infirmières. Avec ce plan, une demande fut adressée à l'Université de la C.B. demandant de bien vouloir prendre en considération l'établissement d'une école centrale et l'organisation d'un programme d'étude. L'on fit aussi parvenir au Comité Central des octrois des services de santé une demande de subsides pour cette école.

Le programme d'étude pour les écoles d'infirmières de la C.B. doit être revisé. L'association a préparé un feuillet pour faciliter le recrutement.

Manitoba: Le programme d'étude des écoles d'infirmières du Manitoba doit être revisé. L'on a nommé un comité chargé d'évaluer les qualifications des infirmières immigrantes au Manitoba. Un appel a été fait aux infirmières et aux élèves par le Conseil Sanatorium du Manitoba. L'on a complété en janvier la politique recommandée concernant le personnel pour les infirmières du Manitoba. L'on se propose d'amender la loi actuelle. Les honoraires des infirmières du service privé ont été augmentées.

L'étude entreprise conjointement par l'association de cette province et l'Association des Hôpitaux du Manitoba sur la possibilité d'utiliser les hôpitaux ruraux dans la formation des élèves infirmières est terminée. L'on en est arrivé aux conclusions suivantes: Le coût pour l'école mère est trop onéreux. Le coût pour le personnel jugé nécessaire à la surveillance ne serait pas en proportion des services rendus par les élèves dans les hôpitaux ruraux. Est-il opportun de dépenser de grosses sommes pour établir des écoles d'infirmières dans les hôpitaux ruraux, dépenses qui ne profiteront qu'à un nombre restreint d'étudiantes, lorsque avec le même montant l'on peut se procurer plus d'institutrices, un meilleur outillage pour l'enseignement, avantages qui profiteront à un plus grand nombre.

Quelques-uns des hôpitaux ont dit qu'ils pouvaient recruter plus d'élèves qu'ils ne le font actuellement. L'on a demandé au Gouvernement du Manitoba de donner un octroi aux écoles d'infirmières du Manitoba pour organiser une campagne de recrutement. Ce rapport a été approuvé par le Conseil de l'Association des Infirmières du Manitoba et a été accepté par l'Association des Hôpitaux.

Nouveau-Brunswick: Le Comité de Législation a revisé la Loi des Infirmières et un nouveau projet de loi sera présenté à la législature. Le Comité du Service Institutionnel a complété un nouveau programme d'étude, afin de préparer les élèves pour la première partie des examens d'enregistrement après la première année. Un exemplaire a été envoyé à toutes les écoles.

Nouvelle-Ecosse: Un comité spécial a été nommé dans le but d'aviser les directrices des écoles d'infirmières sur les pertes causées par le départ des élèves infirmières. Le comité a recommandé les tests psychométriques pour les candidates de nos écoles. La nomination d'une visiteuse officielle pour les écoles d'infirmières est considérée.

Une entrevue a eu lieu avec le directeur provincial de l'Orientation Professionnelle, afin de discuter le point de vue de l'Association des Infirmières concernant l'entraînement d'aides ou auxiliaires et de la présentation d'une recommandation, à savoir: Que cet entraînement soit différé jusqu'à ce que des mesures aient été prises pour établir le statut de ces aides et le travail qu'elles seront autorisées à exécuter.

Une demande a été faite au Ministère Provincial de la Santé, afin d'obtenir des octrois pour les maisons d'infirmières. On

a aussi demandé qu'une infirmière soit nommée sur le Comité Consultatif.

Le Comité de Législation à étudié un projet de loi, ayant pour fin l'obtention d'une licence pour toute personne remunérée pour les soins qu'elle donne aux malades.

Ontario: La contribution totale de l'Ontario envers le Comité du Souvenir a été de $10,912.95. De cette somme $2,550 ont été prêtés à six infirmières, afin de leur permettre de suivre des cours post-scolaires.

Les registres d'infirmières sont au nombre de vingt-cinq. Les membres de l'Association des Infirmières de l'Ontario ont accordé leur patronage à un plan d'assurance groupe présenté par la compagnie Continental Casualty. Il y a compensation en maladie et accidents.

Ile du Prince Edouard: Une demande a été adressée au Ministère Provincial de la Santé afin qu'une infirmière soit nommée sur le Comité Technique organisé en prévision des octrois fédéraux versés à chaque province.

Une partie de l'octroi a servi à faire une enquête sur la situation du nursing dans la province et a permis d'obtenir de l'aide d'experts d'en dehors.

Les règlements de l'association ont été revisés. La contribution annuelle a été augmentée de $2.00 à $5.00. Deux bourses d'étude, provenant de l'octroi provincial-fédéral, ont permis d'envoyer deux élèves à l'Université McGill.

Québec: Le nombre des nouvelles infirmières ayant obtenu leur licence en 1948 a été de 1,330. Le clause de faveur a pris fin le 31 décembre 1948. Le Comité des Ecoles a établi une ligne de conduite concernant l'admission et la ré-admission des élèves infirmières. Depuis deux ans, une vingtaine d'infirmières du Danemarque font du service dans nos hôpitaux. Environ treize infirmières venant des pays occupés d'Europe ont été placées dans nos hôpitaux.

Sur le Comité Consultatif, formé par le Ministère de la Santé en vue des octrois fédéraux-provinciaux des services de santé, un de nos membres — Mlle Suzanne Giroux — a été nommée. L'Association des Infirmières de l'I. du P.E. a demandé notre aide concernant une enquête sur le nursing et sur un projet de loi. Mlle A. Martineau représentera l'A.I.P.Q. au Congrès International des Infirmières.

Saskatchewan: Le Comité Consultatif (octrois fédéraux-provinciaux) a des entrevues fréquentes avec les représentantes de l'Association des Infirmières; de nombreuses lettres et téléphones sont aussi échangés.

Deux recommendations ont été faites: à savoir: (1) Que l'octroi concernant la construction d'hôpitaux comprennent aussi la construction de résidences pour infirmières; (2) que l'octroi accordé pour la formation professionnelle soit considérablement augmenté et que certains projets, tel que l'école centrale et autres moyens de nature à favoriser le recrutement des élèves infirmières, soient considérés comme mesures essentielles et comme fins pour lesquelles le dit octroi peut être employé.

In Memoriam

Dorothea Bailey, a graduate of the Ontario Hospital, Toronto, in 1925, died on December 25, 1948, in her fiftieth year. A member of the nursing staff of the Ontario Hospital, Whitby, since 1936, Miss Bailey had been in failing health for some time.

* * *

Ruth Brockie, who graduated from the Port Arthur General Hospital in 1947, and has been on the staff since, died on December 11, 1948, at the age of twenty-four. Miss Brockie had been in ill-health since midsummer.

* * *

Germaine D'Entremont, aged twenty, of Lower West Pubnico, N.S., a third-year student at the Hotel-Dieu Hospital, Edmundston, N.B., was presumed dead following the disappearance of an aircraft on December 22, 1948. Miss D'Entremont was en route home for Christmas holidays.

* * *

Elizabeth Percy, a native of Stouffville, Ont., who had spent many years nursing in the United States, died at the Royal Victoria Hospital, Montreal, on January 10, 1949, at the age of eighty.

* * *

Janet R. Walls, a native of New Brunswick who had received her training in Portland, Me., died recently in Saint John.

* * *

Gertrude Lillian Woodcock passed away on November 28, 1948, at Vancouver. Miss Woodcock was on the staff of the Lourdes Hospital prior to her illness.

Nursing Profiles

Isobel Ann Black has assumed her responsibilities as district superintendent of the Greater Montreal Branch of the Victorian Order of Nurses. Born in Sturgeon Falls, Ont., of Irish and English parentage, Miss Black received her preliminary education in Ontario. A graduate of the University Hospital and the University of Alberta, she holds the degree of B.Sc. in nursing. Following graduation in 1936, she joined the staff of the V.O.N. in Winnipeg and since that time has served with branches in Victoria, Hamilton, and Niagara Falls. In 1941, Miss Black was made health instructor at the Winnipeg General Hospital. She was in charge of the public health nursing course at the University of Manitoba from its inception in 1944 until she joined the V.O.N. National Office staff as first assistant superintendent in September, 1947.

Miss Black is actively associated with the work of committees in both the Canadian Nurses' Association and the Canadian Public Health Association. She has an inquiring mind, is a prolific reader, and has a great fondness for music. She brings a wealth of knowledge and experience to her new position.

Winnifred Muriel Cooke, who was assistant secretary in the National Office, C.N.A., for three years, has become the director of nursing at the General and Marine Hospital, Owen Sound, Ont. A graduate in 1924 of the Montreal General Hospital, Misss Cooke holds her certificate in teaching and supervision from the McGill School for Graduate Nurses. She has had broad experience in institutional work, including four years as assistant instructor at the Montreal General Hospital, eight years as chief instructor at the Royal Jubilee Hospital, Victoria, two years as superintendent of nurses at Aberdeen Hospital, New Glasgow, N.S., and four years as instructor at the Ottawa Civic Hospital. Miss Cooke has always maintained an active interest in the activities of both provincial and local nurses' associations. During the years she was with National Office she made notable contributions to the work of many of the important committees.

Orma Jacklin Smith has taken up her duties as director of nurses and principal of the school of nursing at the Saint John General Hospital. Born in Semans, Sask., she received her B.A. from the University of Saskatchewan in 1932, then entered the school of nursing of the Vancouver General Hospital. She received an award for proficiency in pediatric nursing upon graduation in 1935, which was followed by a brief period of further study in that field. She engaged in general staff work at the United Church Hospital at Burns Lake, B.C. for two years then went to the Enderby (B.C.) Hospital as matron.

In 1940, Miss Smith took a post-graduate course at the Toronto Psychiatric Hospital, then returned to the Private Pavilion at the

Horsdal, Ottawa

ISOBEL BLACK

Meyers, Montreal

WINNIFRED COOKE

ORMA SMITH

Vancouver General as a head nurse for a year. She enlisted with the South African Military Nursing Service in 1941 and served at the Oribi Hospital, Pietermaritzburg. Upon her release from this service she went to the Kerrobert (Sask.) Hospital as matron. She enrolled in the course in administration in schools of nursing, McGill School for Graduate Nurses, in the autumn of 1945, and upon its successful completion became superintendent of nurses at the Galt Hospital, Lethbridge, Alta.

Reading — anything from "whodunits" to serious literature — interests Miss Smith, as does music. She has studied the piano and enjoys badminton and skating.

Lorna Mary Horwood was appointed assistant professor in public health nursing at the University of British Columbia last autumn. Born in Ottawa, Miss Horwood graduated from the Toronto General Hospital in 1931. Following a post-graduate course at the Toronto Psychiatric Hospital, she received the Mary Agnes Snively Scholarship awarded by the T.G.H. Alumnae Association and in 1934 completed the work for her certificate in teaching and supervision in schools of nursing from the University of Toronto. She served as superintendent of nurses at the Ontario Hospital, London, for five years, then assumed a similar post at McKellar General Hospital, Fort William.

In 1941, Miss Horwood turned to public health nursing, becoming industrial nurse with the Nylon Co. in Kingston. Two years later she returned to the University of Toronto to obtain her certificate in public health nursing.

Ashley & Crippen

LORNA HORWOOD

She completed her studies for her B.A. degree from Queen's University while engaged as resident nurse for the women students, later having two years in the generalized public health program with the Toronto Department of Public Health.

Miss Horwood enjoys many sports, seeing new places and new faces. She was chairman of District 1, R.N.A.O., for a time.

Louise Brinkman is an assistant inspector of hospitals in the expanding program of the provincial department in B.C. A graduate in 1936 of her home-town hospital, the Dauphin (Man.) General, Miss Brinkman was on the staff of the Ocean Falls (B.C.) Hospital for four years, followed by three years at the Powell River (B.C.) General Hospital.

LOUISE BRINKMAN

Climo Studios, Saint John

MARGARET MURDOCH

In 1945, she went to Deer Lodge Military Hospital as night supervisor. After a few months at the Kenora (Ont.) General Hospital, she returned to Ocean Falls as superintendent of nurses.

Miss Brinkman classes herself as an average sport enthusiast with a real fondness for music and reading.

Congratulations are being extended to **Edna Lynch** and **Octavie Préfontaine** of Montreal, both of whom have recently completed twenty-five years of service with the nursing service of Metropolitan Life Insurance Company.

Nearly two years ago through these columns we joined in congratulating **Margaret Murdoch** on her quarter of a century of able leadership as director of nursing at the Saint John General Hospital. Now she has retired to enjoy her leisure among her friends and the members of her family residing in Saint John.

Forty years ago this year, Miss Murdoch graduated from the school of nursing where for so long she has been the principal. For six years she engaged in private duty nursing, then in 1916 became supervisor of the operating-room at S.J.G.H.

Through the years, Miss Murdoch has given freely of her time, energy, and talents in forwarding the work of nursing associations at various levels. She has been both secretary and president of the Saint John Chapter of the New Brunswick Association of Registered Nurses, served eight years as president of the N.B.A.R.N., and many years as convener or member on innumerable committees. She belongs to the Women's Canadian Club, the Local Council of Women, and has been a pillar of strength in many community undertakings.

MARIA ROY

The hundreds of nurses, both her own graduates and those who have known her through association activities, unite in wishing Miss Murdoch many years of happiness. We will continue to draw inspiration from her devotion to nursing, her usefulness as a citizen and, above all, from her great kindliness and integrity.

Maria Roy, who has been director of nursing with the Montreal Department of Health since September, 1930, has retired. Born in Henryville, Que., of French-Canadian parents, Miss Roy graduated from St. Joseph's Hospital, Three Rivers, in 1922, and the following year secured her certificate in supervision and administration in schools of nursing from the University of Montreal. In 1925, she joined the staff of the Montreal Department of Health, with promotion to district supervisor in 1928. Miss Roy enrolled at Teachers College, Columbia University, for the course in public health nursing.

The activities of the provincial nurses' association have always received strong support from Miss Roy. She has served on many committees. She has been a member of the Canadian Public Health Association since 1932 and of the Canadian Catholic Nurses' Association since it was organized in 1935.

After a brief rest, Miss Roy plans to travel extensively. She hopes to put her knowledge and experience to good use in some voluntary capacity when she returns to Montreal.

Student Nurses

Fused Twins

ROMA M. L. CARTER

Reading time — 4 min.

EVERYONE CALLED THEM "Siamese Twins" when they were delivered. In a strict sense this was not true, because Siamese twins, according to Arey in "Developmental Anatomy," are attached rather superficially by skin and xiphoid processes.

The fused twins delivered at the Toronto East General Hospital on October 12, 1948, were certainly not joined in this manner. They had been alive *in utero* approximately five months, and were stillborn several weeks later.

My duties were not on the maternity floor, so that my first glimpse of them was in the laboratory. They faced each other and appeared to be joined from the thoracic cavity to the umbilicus. There was some maceration due to the death *in utero*, but it in no way impaired the examination, which showed one common cord and one placenta. Both babes were outwardly perfectly formed.

Further examinations revealed that one child was slightly smaller than the other. For the sake of differentiation, one babe will be called the larger, the other the smaller. The larger showed definite external female sex characteristics; the smaller, not as well developed, tended to show external male characteristics. That they could be of opposite sex was not possible. One placenta and one cord showed the development from one egg. The larger, more developed child, had for its months of growth a completely formed uterus and tubes. The smaller had a partly formed uterus, with a small section which may have been a tube. The doctor in charge of the proceedings stated they were both female.

The intestines of the larger child appeared to be normal, but those of the smaller child were swollen. This was due to the fact that the rectal orifice was lacking.

There appeared to be one large abdominal cavity, but set in separate portions of it and divided from each other were two sets of complete abdominal organs. Only one diaphragm roofed this cavity creating the flooring for the one common thoracic cavity. Two hearts were enclosed in this chest cavity, but were joined by a fibrous band. Two pairs of lungs were in evidence.

I was unable to find out if the band connecting the hearts granted a common blood supply. If so, surely the slightly smaller fetus could be considered parasitic on the larger, and this did not appear to be the case at all. It seemed more plausible that there were individual circulatory systems. I have no grounds for this assumption, however.

The mother of these twins had one other child—a normal being. To her knowledge, twins were not common

Miss Carter is a student nurse at the Toronto East General and Orthopedic Hospital.

in her family or her husband's, but she did not seem to have a good enough knowledge of either of the family histories to give a very definite answer regarding twins of past generations. Heredity is supposed to play an important part in twin pregnancies.

"Twins may be of two kinds—identical and non-identical."[2] These were identical, coming from the same egg. "Fertilization takes place the usual way, by a single spermatozoon, but then very early in the ovum's development, it divides into two identical parts. Such twins are always of the same sex. Single ovum twins have one placenta and one chorion. Single ovum twins make up about 25 per cent of all twins."[2] Fused twins are a very small percentage of these.

X-ray had shown that this case was to be a twin pregnancy. The outward appearance of the abdomen led those in attendance to believe a very large set of twins would arrive. That was not so. On rupturing the membranes, almost a pailful of discolored, yellowish amniotic fluid was released with a great gush. Even before the actual delivery had taken place, the height of the abdomen was seen to reduce considerably in size.

The delivery was a breech. According to the scrub nurse, "at first a foot came into view, then another and another and another. To all appearances there seemed to be a mighty mass of arms and legs."

These conjoined twins of practically equal size have the best chance of survival when the union is relatively superficial. Some pairs can be separated. Besides twin individuals of normal structure and size, instances occur in which one member is smaller and incapable of independent existence.

The heart of such specimens is rudimentary or absent, and there is a corresponding degree of dependence on the normal twin for some or all of the blood supply.

This supply may be direct, as the result of fusion between their two bodies, or indirect through collateral circulation of a common placenta. Such a twin with an atrophic heart is an "acardius." It varies in body form from moderate deficiencies to bizarre incompleteness.

Very rarely identical twins are conjoined as a "double monster." All grades of union are known from almost complete separation to fusion throughout the body length so that only the head or legs are double.

Equal conjoined twins are of the same size, and the composite specimen is symmetrical. Each member of viable conjoined twins is wholly independent mentally; the separateness of physical functions naturally depends on the intimacy of union.

Regions of union are located in the upper, middle, or lower body. Since at each of these levels the joining may be dorsal, lateral, or ventral surfaces, a simple classification is possible.[1]

It has been stated that a patient with a twin pregnancy is prone to various complications. In the case of the mother of these twins, no complications were recorded.

REFERENCES

1. Arey. Developmental Anatomy. 4th Ed.
2. Zabriskie and Eastman. Nurses Handbook of Obstetrics.

Student Nurses' Association of B.C.

This association is an organization in which every student nurse who has successfully completed her probationary term is a member. The association was organized in 1947 and although this is only its second year we feel that it will be of great benefit to each student. It is the first organization in our province in which student nurses have had any official representation.

The executive is composed of one member from each hospital who meet every month at one of the hospitals. It is very difficult to have all the executive members present at one time because of the distance between

hospitals. However, we endeavor to have a delegate present so that they can report on new business to their own individual chapters. At the annual meeting in 1948 a constitution was drawn up and rules and regulations adopted. We are planning to have our annual meeting in conjunction with the registered nurses' annual meeting each year. We have been asked to take part in the program of the next R.N.A. convention at Vancouver. We hope our part will be a success.

In the past year each nursing school has published a small bulletin with news of the provincial organization as well as an outline of the rules and regulations of their own school. We have found these copies which appear about every second month very interesting and enlightening. We hope in the future to correspond with similar organizations of student nurses throughout Canada, Great Britain, and the United States, and learn about their accomplishments.

The objects of our association are:

1. To maintain the honor and status of the nursing profession.

2. To familiarize student nurses with the activity of the Registered Nurses' Association in order that these students will be able to participate actively following registration.

3. To form a closer bond of interest between student nurses of the schools of nursing in British Columbia.

4. To set a body recognized as the official representation of student nurses in the province on a comparative basis with other such organizations.

We would be glad to hear from any other similar organizations or groups interested in our activity.

KAY BODTCHER
Second Vice-President
Royal Columbian Hospital
New Westminster, B.C.

Annual Meeting in New Brunswick

The 32nd annual meeting of the New Brunswick Association of Registered Nurses was held in Fraser Memorial Hall, Fredericton, September 29-30, 1948, with a very satisfactory enrolment of members, as well as a good representation of student nurses. The president, Marion Myers, was in the chair. Rev. J. A. Forbes gave the invocation. Mayor Ray T. Forbes extended a gracious welcome on behalf of the city of Fredericton. Miss Myers expressed the thanks of the association and welcomed the delegates to the meeting. A folio of reports was presented each member as they registered.

The secretary reported a membership of 910 active duty nurses; 338 non-resident; 188 associate; 31 lapsed; 57 resigned; 16 reinstated; and 37 awarded reciprocal registration. Two registration examinations were held during the year when 171 candidates were awarded registration.

Following the opening proceedings, the first morning was devoted to the reading and discussion of reports. At 2:15 p.m. the president introduced J. A. Melanson, M.B., D.P.H., who gave a most interesting address on World Health Organization.

The convener of the Legislation Committee, Miss I. Lane, reported on the work done on the revision of the Act of Incorporation which is now ready for presentation at the next sitting of the legislature. The following changes in the by-laws were approved:

1. That Article 3, Section 3, reading "No member of less than one year's standing in the association shall be eligible for membership on the Council or for any office," be deleted from the by-laws.

2. That no elected office of the association shall be held for more than two consecutive terms (2 years each) by any member.

Sister M. Rosarie, convener, Institutional Committee, gave a progress report on the preparation of a new curriculum for the schools of nursing on which her committee has been working. The first-year program has already been completed and sent to the schools. The committee is now working on the second- and third-year programs.

One of our most important projects for the future is a full-time Maritime nursing school adviser. This matter was discussed and fully approved by the association and we hope before too long to be financially able to start this work.

Reports from the six chapters showed a very full and interesting program of lectures on various subjects, projects for earning

money to carry on their work, as well as helping in activities other than those related to the nursing profession. Food parcels are being sent to England regularly from all parts of the province.

A most interesting hour was spent in hearing reports from the nurses who were fortunate in being able to attend the workshops at the Canadian Nurses' Association Biennial.

Miss M. Clark, convener, Public Health Committee, reported a very active year in all parts of the province and plans were made for an institute or refresher course to be held early in 1949.

Miss Mary Peters, a returned missionary from China, spoke briefly on her experiences while serving there. Miss Peters was on the staff of a 100-bed hospital. They have a nursing school with a four-year course and Miss Peters commented on the remarkably fine surgical work that was done by the Chinese nurses.

At the close of the afternoon session the members were entertained at afternoon tea at the home of Mrs. C. D. Richards. The same evening a banquet was held in the Lord Beaverbrook Hotel with Hon. F. C. Squires, B.A., LL.B., K.C., as guest speaker. The topic of his inspiring address was "Life." A motion picture entitled "Refrigeration and Anesthesia," under the auspices of the Fredericton Chapter, was exhibited.

An invitation to hold the 1949 annual meeting in Edmunston was received from the Edmunston local chapter and accepted.

Election of officers for 1948-50, with Hilda Bartsch, Moncton, president, completed the sessions.

ALMA F. LAW
Executive Secretary

Book Reviews

A Program for the Nursing Profession, by the Committee on the Function of Nursing. 108 pages. Published by The Macmillan Co. of Canada Ltd., 70 Bond St., Toronto 2. 1948. Price $2.00.

Reviewed by Gertrude M. Hall, General Secretary-treasurer, Canadian Nurses' Association.

The Division of Nursing Education of Teachers College concentrates on preparing future teachers of nursing. As a basis for planning the postwar revision of its curriculum, the Division considered it desirable to secure the viewpoints of the other health and social welfare professions concerning the structure of nursing and the medical needs of the community. In the fall of 1947, plans were evolved to form a Committee on the Function of Nursing. In selecting individuals to serve on the Committee, care was taken to include those who could speak with authority from the vantage points of curative and preventive medicine, psychiatry, public health and hospital administration, as well as representatives from the fields of government, economics and education, and from the laity. Dr. Eli Ginzberg, Ph. D., Associate Professor of Economics, School of Business, Columbia University, was appointed chairman. The committee did not undertake a comprehensive study of all phases of the nursing profession. It had the more modest aim of reviewing a selected group of problems centring around the current and prospective shortages of nursing personnel. A radical departure from the present methods of nursing education is recommended in the report.

To meet the estimated need in the United States of 625,000 nurses by 1960, if the present program of nursing were continued, would require an entrance class of 85,000 nurses a year. With tremendous effort, the country is presently recruiting about 50,000 nurses.

It is, therefore, recommended that there be a division in the nursing function with much of the nursing done by the practical nurses. The two groups would work together as members of a nurse-team, supervised by the professional nurse. All the leading positions in teaching, supervision, administration, and public health would be filled by professional nurses. The practical nurse would be trained in the ratio of two to every professional nurse, at an approved school for practical nursing for nine to twelve months. The professional nurse would complete a four-year course in a college or university-affiliated school of nursing. The committee

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also recommends that a goal of about 200,000 professional nurses and about 400,000 practical nurses be set for 1960. A much greater assumption of responsibility on the part of universities and colleges for professional nursing education is urged. Describing the present system of nursing education as "antiquated," the committee states that it is geared largely to facilitate the work of the hospital rather than to implement the education of the nurse and that some system of public or private monies must be found to put professional nursing on a sound educational basis.

The report also recommends that conditions of pay and work in nursing must be substantially improved, differentials in rewards should be established and more part-time nurses, negro, and male nurses should be employed.

Chapter Six deals with career incentives and includes several areas in nursing which urgently require research. The following illustrations are indicative of the type of administrative problems which it is believed the nursing profession might explore with profit during the next few years.

Repeated attempts have been made to arrive at a standard for the number of nursing hours a patient requires in a day, and the suitable division of the time between professional and practical nurses in providing this care. The committee suggests that this is a significant problem and that it needs to be restudied with due consideration for the trends inherent in current developments, particularly the expended use of practical nurses and the more effective use of the team approach.

There is great need for critical assessment of the curricula of nursing schools. Integration of general academic courses with the nursing materials is suggested. The scope of the curriculum and the appropriate division between theory and practice warrant study. The curricula of schools of practical nursing should be evaluated particularly with respect to the extent to which the didactic instruction is absorbed by the students. Co-operative studies with other members of the medical and health team, aimed at developing the most satisfactory and efficient set of group relationships, are extremely urgent. The concepts of nursing service, hospital service, and medical service require clarification and greater concreteness. The expansion of clinical research by nurses is intimately linked with a successful attack on the spiral of poor recruitment, poor education, and poor professional opportunities.

The nurse is ideally suited to pursue investigations focused on the comfort of the patient and the effectiveness and limitations of various therapeutic approaches. More than any other member of the medical and health team, she is in constant contact with the patient which affords her a good opportunity for repeated observations and evaluation of subtle changes. The important developments in psychosomatic medicine have greatly broadened our horizon on the etiology of disease. If emotional problems play a significant role in precipitating illness, they undoubtedly play an equally significant role in the therapeutic process. It would be no exaggeration to state that every therapeutic procedure should be assessed before and after it has been employed, in terms of the emotional response of the patient. No one can more logically undertake research in this area of therapy than the nurse. It is her natural domain. Research is needed in nursing techniques which may have lagged behind changes in surgical procedures. Intensification of research activity among nurses will prove a most constructive force. It will create an opportunity for meaningful careers and truly help to attract many able young women into the profession. In turn, the contributions of research workers will tend to improve present practice and to set higher goals for future service.

Many of the suggestions and recommendations contained in this report parallel those of Dr. Esther Lucile Brown in her report of her study "Nursing for the Future" and will be of particular interest to those nurses who are presently struggling to find solutions for the many problems which beset nursing everywhere.

Nursing History, by Minnie Goodnow, R.N. 404 pages. Published by W. B. Saunders Co. Philadelphia. Canadian agents: McAinsh & Co. Ltd., 388 Yonge St., Toronto 1. 8th Ed. 1948. Illustrated. Price $3.85. *Reviewed by Helen Joncas, Instructor of Nurses, Victoria General Hospital, Halifax.*

This is not a new text. I think most students of nursing know it well. In this new edition, as the author points out, she has made some changes. These include condensation of old material and addition of much that is new.

This up-to-date history of nursing should be welcomed by all instructors and students.

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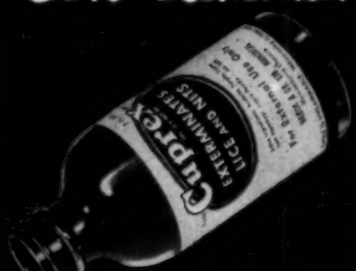

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It is brief but does not fail to cover the events that are of interest and necessary to round out one's knowledge of the history of the profession.

The book is written in simple style and thus is practical. Personally, I like this "Nursing History" and use it in my teaching program. Nurses are busy people and have scant time for reading so they like anything that is presented to them in a form easily perused. They do not have time to sit down and delve through page after page of detailed material to learn a few salient facts. I am sure the author was cognizant of this when she condensed it. I find that nurses like to see things for themselves and like to visualize what they actually look like. The many illustrations in this book help them to see persons and things that before had been just mere names.

I take pleasure in recommending this text to all who are engaged in teaching this subject and any who may be interested in it. It is deserving of a prominent place in the library of any school of nursing.

Modern Mental Treatment—A Handbook for Nurses, by E. Cunningham Dax, M.B. 88 pages. Published by Faber & Faber Ltd., London, Eng. Canadian agents: The Ryerson Press, 299 Queen St. W., Toronto 2B. 1947. Illustrated.

In very concentrated form, the general aspects of medical and surgical treatment for mentally disturbed patients is presented here for the information of nurses. Since after-care plays such an important role in the complete recovery program, the atmosphere which an informed nursing staff can create as well as the confidence they can inspire is a valuable adjunct. This small text is designed to assist nurses to build up these attitudes personally through the acquisition of knowledge. In this condensation no attempt is made to describe the various psychiatric conditions. The methods of treatment are included in chapters on prolonged narcosis, insulin, convulsion and malaria therapy, and the operative procedure which we know in Canada as prefrontal lobotomy or leucotomy.

The material is well indexed which is very helpful. The illustrations include the tray set-up for the various treatments.

This is a useful little handbook, devoid of non-essential data.

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Nursing Sisters' Association

K. Ethel Gray was re-elected president of the *Victoria Unit* at their recent annual meeting. Other officers include: Vice-presidents, Bernice Miller, Meta Hodge; secretary, Mrs. R. D. Crowe; treasurer, Mae Moores; committee conveners—membership, Mrs. F. Thomas; program, Mrs. C. H. Rennie; visiting, Marnie Hearn; remembrance, K. Stevens; zone council, Mrs. M. A. O'Leary, K. Stevens; press representative, Margaret Fletcher.

Canadian Red Cross

The following are staff changes in the Provincial Divisions;

Ontario: APPOINTMENTS—*Margaret Peart* (St. Joseph's Hospital, Hamilton, and University of Toronto) and *Margaret Brown* (Ontario Hospital, Orillia) to Emo; *Margaret Bulger* (St. Joseph's Hospital, Toronto) to Englehart; *Kathleen E. Trollope* (St. J. H., Toronto) and *Thelma Baniford* to New Liskeard; *Patricia M. Raymond* and *Louisa E. Coleman* (U. of T. School of Nursing) to Dryden; *Laura Pond* (St. J. H., Toronto) to Espanola.

RELIEF—*Winona Inches* (Grace Hospital, Winnipeg), *Rosalie Adams* (Victoria Hospital), and *Gudrien Johnson* (Winnipeg General Hospital) to Red Lake; *Elsie Jenner* to Beardmore.

TRANSFERS — *Muriel de Pencier* from Beardmore to Richard's Landing; *Elizabeth Leigh* from Emo to Dryden; *Beulah Walker* to Haliburton; *Julia Tusch* to Bancroft; *Edna Halstead* from Richard's Landing to Bancroft.

RESIGNATIONS — *Jean Marsh* from Hornepayne for foreign mission service; *Ina Forrest* and *Mary Young* from Beardmore; *Bernice Kent* from Emo; *Lilla Robbins* from Red Lake to be married.

Saskatchewan: APPOINTMENTS — *Mrs. Starr* to Loon Lake; *I. Turnbull* to Hudson Bay.

TRANSFERS — *M. North* from Loon Lake to Big River; *I. Nessett* to Rockglen; *M. Lyle* from Rockglen to Leoville.

RESIGNATIONS — *A. Barker* from Loon Lake to be married.

Ontario

The following are recent staff changes in the Division of Public Health Nursing, Ontario Department of Health:

Appointments: *Gladys Neal* (St. Joseph's

Hospital, Hamilton, and University of Toronto certificate course), formerly with Etobicoke Township nursing service, as public health nurse with Espanola Development Co.; *Vera Freeman* (Royal Jubilee Hospital, Victoria, and University of British Columbia cert. course), Fort William board of health; *Laura Bowen* (Kingston General Hospital and U. of T. cert. course), United Counties health unit; *Vivian Kirkpatrick* (Women's College Hospital, Toronto, and U. of T. cert. course) from Brant County health unit to health supervisor, Women's College Hospital, Toronto; *Margaret Phillips* (Ottawa General Hospital and McGill University public health course) from Ottawa board of health to Department of National Health and Welfare; *Irene Flanagan* (St. Joseph's Hospital, London, and University of Western Ont. cert. course), formerly senior public health nurse with Kent County health unit, to position with After-Care Service, Ontario Hospital, London.

Resignations: *Mrs. John (Hallawell) Martin* (Toronto General Hospital and U. of T. cert. course) as public health nurse in Vaughan Township, Richmond Hill and Woodbridge; *Doris Smith* (Health visitor, Royal College of Nursing, London, Eng.) from Elgin-St. Thomas health unit; *Muriel Laturney* (K.G.H. and U. of T. cert. course) from United Counties health unit.

News Notes

Alberta

EDMONTON:

Violet Chapman was re-appointed chairman for Edmonton District 7 at the recent annual meeting. The vice-chairmen are C. Brown and R. Ball, with E. Lea serving as secretary and J. Kilgour as treasurer. The conveners of the labor relations and program committees are M. Cogswell and L. Weirs. *The Canadian Nurse* representative is D. Guild.

British Columbia

ABBOTSFORD:

At a recent meeting of the Matsqui-Sumas-Abbotsford Chapter, there were sixteen members present. A gavel and block, hewn from myrtlewood, the native tree of Coos County, Oregon, has been received by the chapter from Dorothy Gerrard and Dorothy Holmberg, past president and treasurer of the group. These public health nurses are now practising in Oregon.

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Arrangements have been completed with school officials to hold an educational guidance period during school hours with a full attendance of high school girls. The guest speaker at that time will be Marion Botsford, assistant registrar, R.N.A.B.C. A subscription to the *Journal* will be taken out as a gift to the nursing staff of M.S.A. Hospital from the chapter. It was also decided to purchase dishes for the private room trays. The film "R.N.— Service to Mankind" was shown at the conclusion of business. Phyllis Harwood was the winner of the raffle.

At a later meeting the slate of new officers was presented by the Nominating Committee and were elected by acclamation. These include: President, Sheila Towlan; vice-president, Dorothy Irwin; secretary, Mrs. Fern Lillies; treasurer, Phyllis Harwood. The guest speaker was Mrs. Botsford who told the members something of her work with the provincial association.

CHILLIWACK:

About twenty-five members were present at a recent meeting of Chilliwack Chapter when Mrs. G. Roberts was in the chair. Mrs. Hayens reported that the chapter's "adopted" child in England had written and that a parcel had been sent. Thirty-five dollars was given to the nurses of Coqualeetza Hospital who lost their belongings in the disastrous fire. The resolutions sent by the Local Council were accepted for endorsement by the members. Mmes Heaton, Hayens, and Miss Henderson were appointed to the Nominating Committee. A puppet show, presented by Mmes Orr and Byer, provided the evening's entertainment.

HANEY:

At the election of officers held recently by the Maple Ridge Graduate Nurses' Association Mrs. A. J. Phillips again assumed the presidency, with Mrs. J. C. Johnston, the vice-president, and Marion Hampton, secretary-treasurer. Mr. A. Mallet, Maple Ridge-Pitt Meadows health inspector, was the guest speaker at that time. He stressed the necessity of drinking pasteurized milk. This discussion was illustrated with films. Mr. Mallet also outlined the regulations pertaining to the inspection of restaurants, public rest rooms, as well as those governing sewage disposal, water supply, and rodent control.

The following donations have been made by the association: Conquer Cancer Fund, $50; B.C. Flood Emergency Fund, $35; Red Cross, $25. Proceeds from the rummage sale and raffle of tea set totalled $295. The members are endeavoring to raise funds to buy a frigidaire for the public health nurses or for the hospital if one is built. The Haney Women's Institute has contributed $20 toward this project. An office has been opened in Haney for the public health nurses.

KAMLOOPS:

At the recent annual meeting of Kamloops-Tranquille Chapter Mrs. W. R. Waugh was re-elected president. The vice-presidents are

V. Gorham and B. Barber with N. Stewart and D. Irving serving as recording and corresponding secretaries. The treasurer is Mrs. C. E. Nicholson. The section chairmen are: Public health; F. Primeau; institutional nursing, H. MacKay, R. Wyse; private duty, Mrs. A. Hay.

During the past year the chapter donated $190 to several worthy causes. Of the balance of $280 in the Scholarship Fund, $100 has been awarded to Betty Stewart for post-graduate study in obstetrics in Montreal.

Plans were made for the Valentine Tea when there will be a White Elephant stall, home-cooking, and a raffle.

TRAIL:

Mrs. S. Gavrilik, the president, was in the chair at a recent meeting of the Trail Chapter when a report on the past year's activities was given. The president stated that all social events were particularly well attended and that all financial undertakings had been most successful.

The election of officers resulted as follows: President, Mrs. R. Farmer; vice-presidents, Miss E. Hughes, Mrs. J. Munch; recording and corresponding secretaries, M. Velde, C. Campbell; treasurer, M. Velde; representative to *The Canadian Nurse*, Mrs. J. Thornber.

Manitoba

BRANDON:

Several of the senior students of the Mental and General hospitals were present at a recent meeting of the Association of Graduate Nurses. The scholarship convener, Nan Crighton, reminded the nurses that a $500 scholarship, sponsored by the association and supported by local service clubs and the General Hospital medical staff, would be available in May.

Gwen Lamont introduced the speakers who had been recipients of scholarships. They included: C. Wedderburn, superintendent of nurses; Gertrude Hotson, psychiatric clinical instructor; and Miss Crighton, science instructor, all of the Mental Hospital. Their talks put a newer understanding on how much more a nurse could give in her service for having had this additional education. Mrs. J. Mitchell thanked the speakers.

New Brunswick

SAINT JOHN:

Bessie Seaman, local V.O.N. supervisor, was re-elected president and was in the chair at the annual meeting of the Saint John Chapter, when forty-eight members were present. The new slate of officers returned was:

Honorary president, E. Mitchell; president, B. Seaman; vice-presidents, B. Selfridge, Mrs. E. Mooney; secretary; A. Hanscome; assistant secretary, E. Hooper; treasurer, B. McAllister. Committees: Public health, G. Burns; institutional nursing, A. Ross; general nursing, M. Downing, E. Fullerton; registry, M. Wallace; sick nurses' benefit, M. Lewis; publicity, E. Abbott; program, W. Darling;

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1949

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auditor, Mrs. H. Denyer; representative to *The Canadian Nurse*, P. Harrity.

General Hospital:

Orma J. Smith recently took over her duties as director of nursing and principal of the School for Nurses. (See Nursing Profiles this issue.) The Board of Commissioners gave a delightfully arranged tea in honor of Miss Smith when about sixty guests were present. The following graduates assisted in serving: A. Carney, K. Bell, M. Brown, E. Hooper, C. McLeod, J. Searle, G. Saunders. The graduate staff also had an informal get-together for Miss Smith.

Lancaster Hospital:

The nurses' association recently entertained at dinner in honor of Edna L. Dickson who is retiring after twenty-seven years' service as matron. Upwards of fifty-five guests were present when a presentation of a Sheffield silver tray was made to Miss Dickson by Maud Lawson, association president. She expressed the affectionate good wishes of the members. Solos were sung by Evelyn Greene, accompanied by Ruth Ellis at the piano. The conveners in charge of arrangements were Mrs. C. H. Maxwell and H. McCallum.

Nova Scotia

HALIFAX:

Barbara McCarthy was elected president of the Halifax Infirmary Alumnae Association at the recent annual meeting when Muriel McDonald was in the chair. Other officers elected include: Vice-president, M. Faulkrod; recording and corresponding secretaries, M. McDonald, C. Muise; treasurer, V. Graham. The committee conveners include: Entertainment, C. Wood; visiting, M. Gillis. Representatives to: Press, Mrs. H. Power; Blue Cross, Mrs. J. Surrette; Cancer Society, Mrs. A. Chaisson; *The Canadian Nurse*, Mrs. D. Robitaille.

A vote of thanks to the retiring executive was proposed by Mrs. G. McKeown. Following business, musical selections were heard by a choir of student nurses at the hospital. Vocal solos were rendered by M. Connor and Y. Bent, accompanied by B. Parsons.

SYDNEY:

The annual conference of the Cape Breton Island health unit staff was held at the end of October when nurses from the entire health unit attended—five from rural districts and eight from Cape Breton County. A welcome guest was M. E. MacKenzie, superintendent of the provincial nursing service. The film "Mother and Her Child" was shown at the last session when the V.O.N. and school nurses joined the group.

Lenta Hall, V.O.N. Maritime supervisor, recently completed her annual fall visit to the Sydney branch. Jessie Palmer, formerly on the staff of Royal Ave. Hospital, has joined the Cape Breton Island health unit and is on duty in Inverness County. Gertrude Mac-

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Neil, who completed the public health course at University of Toronto, has rejoined the public health staff in Glace Bay. This makes two nurses on duty in this district. Grace Milne has resigned from the C.B.I. health unit staff.

Ontario

District 1

CHATHAM:

The 28th annual meeting of the Public General Hospital School for Nurses Alumnae Association was held recently when thirty-five members were present. The vice-president, E. Stenton, presided. A report of the past year's work revealed that twenty-four boxes of food and used clothing had been sent to nurses in Britain and to an alumnae member, Blanche Pardo, who is serving with the Pentocostal Church Mission, China. The alumnae entertained the 1948 graduating class of twenty-two nurses at a dinner at Port Lambton. The home of Ann Huffman, at Rondeau Park on Lake Erie, was the scene of the annual picnic when a hundred nurses attended.

The officers who will serve during the coming months include: President, Mrs. A. E. Harrison; vice-presidents, E. Stenton, R. Judd; recording and corresponding secretaries, Mmes R. G. Stoehr, G. Brisley; treasurer, M. Gilbert; *The Canadian Nurse* representative, E. Orr.

District 4

WELLAND:

Catharine O'Farrell presided at the annual meeting of Niagara Chapter when the report of the Legislation Committee for the Nurse Practice Act was heard and a vote of thanks extended to all who had taken an active part. Reports were also heard from the Membership Committee and from H. Brown of the Hospital and School of Nursing Section. E. Schuman spoke on the activities of the V.O.N. of Niagara Falls and Chippawa and Mrs. Small reported on the V.O.N. for Lincoln County. Other members heard from were Mrs. L. Stirtinzer, industrial group; general nursing, Mmes S. Lynn and M. Goldthorpe; food parcels, Stella Murray.

The guest speaker was Mr. Louis Blake Duff who chose as his subject "Magic and Medicine." He fascinated his audience with his interesting description of the ideology and ancient administration of medicine. Mr. Duff was introduced by Mrs. Hagar and thanked by Miss Flanagan.

The vice-president, Bernice Lousely, of Merritton, took the chair after the nominating convener, D. Sharpe, brought in her report. An ovation was given to Miss O'Farrell and the chapter members for their splendid work during the past months. A. Oram, as district chairman, spoke briefly on R.N.A.O. affairs as did S. Murray, past chairman.

Miss Schuman thanked Miss Wallace

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superintendent, Welland County Hospital, and her committee for their hospitality and the social hour that followed.

District 5

TORONTO:

St. Michael's Hospital:

The annual Fall Dance, sponsored by the alumnae association in aid of the Scholarship Fund, realized the sum of $229.54. The success of this event was due in no small part to the excellent committee consisting of G. Ferguson (convener), M. Evers, A. M. Elliott, H. Comartin, P. O'Connor, L. Huck, and E. Griffin.

Dr. Gordon Bell, of Shadowbrook Hospital, gave an interesting talk on "The History and Treatment of Alcoholism" at a recent alumnae meeting.

L. Riley is with the Toronto Department of Public Health. L. Styba is with Shaughnessy Hospital, Vancouver. P. McNamara is working with the Shadowbrook Health Foundation. L. Ryan is in charge of the O.R. at Walkerton Hospital. Mrs. I. Cook is at Scripps Memorial Hospital, La Jolla, Calif. G. Giashi is with St. Paul's Hospital, Vancouver. D. Curlook has accepted a position in Dr. H. Hall's office. M. Legris is engaged in sanatorium nursing in San Francisco. M. Llwyd is nursing in New York City. E. Murphy is taking post-graduate work with the Toronto Department of Public Health. L. Larson is taking advanced study in public health nursing at the University of Toronto.

District 7

BROCKVILLE:

Twenty-five members were present at the annual meeting of Brockville Chapter when the nomination committee gave a report of the election of officers. These include: President, M. G. Purcell; vice-president, K. Hinton; secretary-treasurer, M. Best; committees — program, M. Walker (conv.), R. Carbery, G. Best; membership, E. Thorpe (conv.), M. Shiells, Miss Holley; food packing, Miss Henderson (conv.), M. Flood, T. Stringer, Sr. M. Vincentia; representative to *The Canadian Nurse*, D. Barrett.

Plans for the refresher course, sponsored by the chapter, were discussed. A committee was chosen to complete plans for the program. This included: G. Purcell, M. Walker, Mmes E. Orr and Park. Letters of invitation were sent to every graduate nurse, all members of the medical profession, service clubs, teachers, and members of allied professional groups. The lecture for March 14 will be given by Vera Preston, and will take the form of a demonstration and workshop on the use of the Wangensteen drainage, Miller-Abbott tube, lavage and gavage, and the oxygen tent. Dr. W. D. Hay, associate professor of pathology, Queen's University, will talk on "The Rh Factor" on March 21.

At the conclusion of business, Dorothy Morphy, student nurse from the General Hospital, gave an interesting account of her impressions of the C.N.A. convention.

General Hospital:

Mrs. W. Cooke was in the chair at the annual meeting of the alumnae association when fourteen members were present. The annual report read by Mrs. Bishop indicated a very successful year. It was learned with regret that Mrs. L. Vandusen had tendered her resignation as treasurer for the alumnae after twenty-two years of faithful service. As a token of the members' appreciation, Mrs. H. White presented her with a double strand of pearls. A "pot-luck" supper has been planned as well as a bazaar. The alumnae is to donate a heated crib to the case room. Officers for 1949 are as follows:

Honorary presidents, A. Shannette, E. A. Moffatt; president, Mrs. Cooke; vice-presidents, H. Corbett, Mrs. H. Greene; secretary, Mrs. H. L. Bishop; treasurer, M. Gardiner. Committees: social, L. Merkley, D. MacMillan; gift, V. Kendrick; property, Mrs. Greene, E. Thorpe, R. Carbery; fees, V. Preston; plan for hospital care, Mrs. C. Babcock; press representative, D. Barrett.

District 9

SUDBURY:

The following officers will serve during the coming months for the St. Elizabeth's School of Nursing Alumnae Association: Honorary president, Cecilia Higgins; president, Grace O'Leary; vice-president, Mrs. Kathleen Fleming; secretary, Mrs. O. Didone; treasurer, Jean Lawrence.

Quebec

MONTREAL:

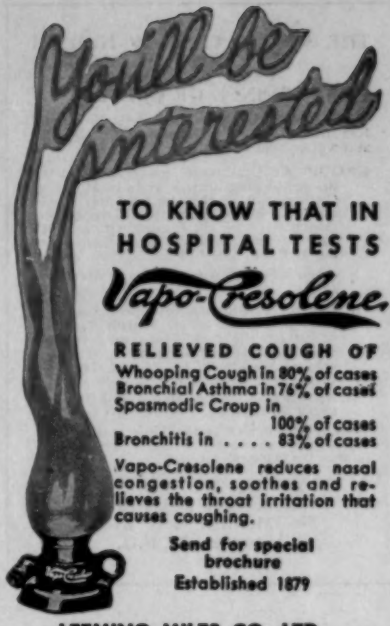
General Hospital:

At the annual meeting of the School for Nurses Alumnae Association, Ann Peverley was re-elected president with A. Tennant and C. Angus serving as vice-presidents. The recording and corresponding secretaries are R. Lamb and Mrs. G. Campbell while I. Davies and M. MacLeod will act as treasurers.

Dr. Gingras, of Ste. Anne's Military Hospital, was the guest speaker at a recent alumnae meeting when he gave an instructive talk on "The Rehabilitation of the Paraplegic Patient." His lecture was illustrated by a film.

Dorothea McCaragher has had the honor of being awarded Membership in the Order of the British Empire. For the past twenty years she had been giving valuable nursing service in the sparsely settled district of Tanganyika Territory with the University Mission to Central Africa and is now stationed in Zanzibar.

Helen Christian has rejoined the staff and is now assistant on Ward H. S. Welling, M. Johnson, J. Johnson, J. Ellis, M. Maguire, and E. Watt are also with the Central Division. Jean Stevens, who recently served for a time in the out-patient department, is now with that department of the Victoria General Hospital, Halifax.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GROUP A: Graduates qualifying for the licence to practise will write in Montreal Quebec, and Sherbrooke on **April 11, 12 and 13, 1949.** Candidates will not be permitted to write these examinations until they have actually completed their training and hold the diploma of their school.
Applications must be received by March 31, 1949.

GROUP B: Students who will have completed their first year before **March 1, 1949,** will enter the preliminary test covering oral, practical, and written, which will be held on **March 21, 22, 23 and 24, 1949.** (Time to be announced in each school).
Applications must be filed on or before February 28, 1949.

For application forms and all information relating to the examinations apply to the headquarters of the Association.

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Ethel Grindley was a recent visitor at the school. She has completed her degree course at Columbia University and is now V.O.N. supervisor in North Toronto. J. McDougall, who has been on the teaching staff of King Edward VII Memorial Hospital, Bermuda, was also a welcome visitor. She was en route to England for a year's stay.

Mildred Brogan has been awarded a scholarship by the W. K. Kellogg Foundation. This scholarship, open to nurses employed by the Bell Telephone Co., Montreal, will enable Miss Brogan to take a six-month course in industrial nursing at the University of Pittsburg.

Royal Victoria Hospital:

Margaret Street, former clinical supervisor, Ross Memorial Pavilion, is succeeding E. Frances Upton as secretary-registrar, A.N.P.Q. E. Bell Rogers, former registrar, A.A.R.N., is in charge of Mack Training School, St. Catharines General Hospital, Ont. Naisi Gordon has joined the staff of St. Dunstan's Hospital, London, Eng. Jean (Patterson) Crowe is now a dispensary nurse in the offices of *Time* and *Life* magazines in New York. S. M. MacDonald is now assistant head nurse, Ward G. succeeding M. Garner who replaced E. Hirsch, the latter resigning to be married.

QUEBEC CITY:

Jeffery Hale's Hospital:

No changes took place in the Executive Committee at the annual meeting of the alumnae association. Norma Power has replaced E. Frazer who resigned to be married, as charge nurse of men's medical and surgical wards. Mrs. E. Dennison, G. Latham, and R. Montizambert have joined the general duty staff.

SHERBROOKE:

Mrs. W. L. R. Stewart's home was the scene of the annual meeting of Sherbrooke Hospital Alumnae Association when ways and means of raising funds were discussed, which included a food sale and raffle. It was agreed that donations be given to the Blind Campaign and Community Chest Drive. The annual reports were presented which showed a most satisfactory year. The following officers were appointed for the coming months:

Honorary president, V. Graham; president, Mrs. E. Lavallée; vice-presidents, Mmes Burroughs and Vaudry; recording and corresponding secretaries, A. Hyndman and F. Whittle; treasurer, Mrs. H. Grundy; social convener, Mrs. W. Murphy; *The Canadian Nurse* representative, Mrs. E. Taylor.

A. Dearden is now operating-room supervisor, replacing Miss Everett who resigned to be married. Miss Elliott, recently returned from Bermuda, is her assistant. Misses Harvey, Wiggett, Morrison, Christie, and Meyer are now in Bermuda. Misses Russell and Dodds are doing special duty in Springfield, Mass. Misses Gratham and Kuntson are doing

floor duty at the Metropolitan Hospital, Windsor, Ont. Miss Statton is taking post-graduate work at Toronto. A. Hyndman is industrial nurse at Canadian Ingersoll-Rand Co. Ltd., Sherbrooke.

Saskatchewan

MOOSE JAW:

Thirty-four members were present at a meeting of Moose Jaw Chapter when Dr. Gilbert spoke on "Changing Concepts in Therapeutics."

General Hospital:

L. Tingley, graduate of Sacred Heart Hospital, Havre, Montana, is now on the general duty staff. I. Newman, graduate of Hammersmith Hospital, West London, Eng., is taking further training in some of the departments prior to receiving her registration in Saskatchewan.

NORTH BATTLEFORD:

At a recent dinner meeting of North Battleford Chapter, K. W. Ellis, S.R.N.A. registrar, addressed the group on the latest trends and developments in the nursing world. Miss Ellis also spoke to the high school students and toured the new wing of Notre Dame Hospital. The January meeting of the chapter took the form of a whist drive and bingo.

Congratulations are extended to the following who have received their R.N.'s and are now on the staff of Notre Dame Hospital: B. Carrière, J. Poitras, M. Marcoux, M. Honatzis, E. Saretsky, O. Palanicky, E. Grybowski. A welcome is also extended to N. Nijman, S. Quarry, J. Haskell, A. Jones, R. Provost, B. Nelsen, Mrs. Hammer.

PRINCE ALBERT:

Rev. Sr. Irene gave an entertaining talk on "My Trip to New Brunswick" at a recent meeting of Prince Albert Chapter. A later meeting took the form of a party at the home of Mrs. Broughton. In January Mrs. F. Dean gave the members a vivid description of experiences in a stricken hospital area of London during the 1940 blitz. The officers now serving for the chapter include: President, Miss Campbell; vice-president, Mrs. Broughton; secretary, Mrs. Meilicke; treasurer, Mrs. Lewis.

Misses Wilson and Neil are on the Victoria Hospital staff. Miss Lay, of V.H. staff, has left to serve with the University Hospital, Edmonton. Miss Clunie is now on the staff at Quill Lake. Mrs. Trent, of the Sanatorium staff, has moved to North Battleford.

REGINA:

A recent meeting of Regina Chapter was in charge of the Private Duty Section when Dr. C. Crosbie addressed approximately eighty-five nurses on "Chest Surgery." A successful sale of home-made candy was conducted by the chapter. Ruth Kennedy has returned to the General Hospital staff.

I was brought up on them myself

Many nurses and doctors, too, as well as persons in all walks of life owe a debt of gratitude to Baby's Own Tablets for the comfort these simple triturates brought to their own babyhood upsets. Yes, over half a century of successful use have proved the dependability of Baby's Own Tablets for relief of constipation, digestive upsets, teething troubles and other minor ills.

Mild, tasteless with little or no disturbing side reactions Baby's Own Tablets provide a most efficient and pleasant laxative for infants up to 3 years of age.

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Applications are invited for the following positions:

Nursing Supervisor
(4 positions open)
Salary: $160 per month plus Bonus

Charge Nurse
(3 positions open)
Salary: $150 per month plus Bonus

at

Clearwater Lake Indian Hospital, The Pas, Manitoba.

Board, Room, and Laundry supplied at $25 per month. 4 weeks' holidays with pay annually. Pension Plan available and other privileges. Transportation arranged. Tuberculosis Nursing experience preferable but not essential.

Apply to: **Secretary-Treasurer, Sanatorium Board of Manitoba, 668 Bannatyne Ave., Winnipeg.**

For head colds, stuffy nose, clogged nostrils, use Mentholatum. Clears head and nose and keeps them clear. Jars and tubes

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Permanent, easy identification. Easily sewn on, or attached with No-So Cement. From dealers or CASH'S, 39 Grier St., Belleville, Ont.

CASH'S: 3 Doz. $1.65; 9 Doz. $2.75; NO-SO NAMES: 6 Doz. $2.20; 12 Doz. $3.30; 25c per tube

Grey Nuns' Hospital:

M. Debert has returned to the O.R. after taking a course in technique at St. Michael's Hospital, Toronto. B. Lanigan is with the nursery. Mary Davidson is on the 2nd floor. Mrs. J. Weir is with the women's surgical ward and D. Delschneider is assistant on nights. Dolores Martin, who completed a post-graduate course at Margaret Hague Hospital, Jersey City, is now with the obstetrical department and will teach obstetrical nursing. Sr. Hamon, O.R. supervisor, has left for Montreal to take a post-graduate course.

Medical Arts Clinic:

Charmayne Tyre and Miss Cummins are new additions to the staff, the latter coming from the Toronto General Hospital. Yvonne Blumer is on holiday in Switzerland.

SASKATOON:

City Hospital:

Members of the Executive Committee of the alumnae association include: Honorary president, Mrs. J. E. Porteous; president, M. R. Chisholm; vice-president, M. Jarvis; secretary, B. Robinson; treasurer, A. Cowan.

Marion Peters has been granted leave of absence to take advantage of the scholarship she received from the medical staff. Miss Peters will take post-graduate study in obstetrics at the Margaret Hague Hospital, New Jersey. Mrs. E. Reimer is a new member on the staff. Pauline Trasoff is now in charge of the newly-opened hospital at Leader.

St. Paul's Hospital:

A tea was held by the Sr. Superior for the entire personnel at the end of December. K. W. Ellis was welcomed recently when she addressed the graduating class. Sr. L. Aubry replaces Sr. O. Bédard in the obstetrical department, the latter leaving for St. Paul's, Alta.

Saskatoon Sanatorium:

New members of the staff include: Mrs. E. Walper, Iris Gordon, Theresa Martens, Emma Lenzmann. Mary Horbay, formerly surgical floor supervisor, is now with the City Health Department.

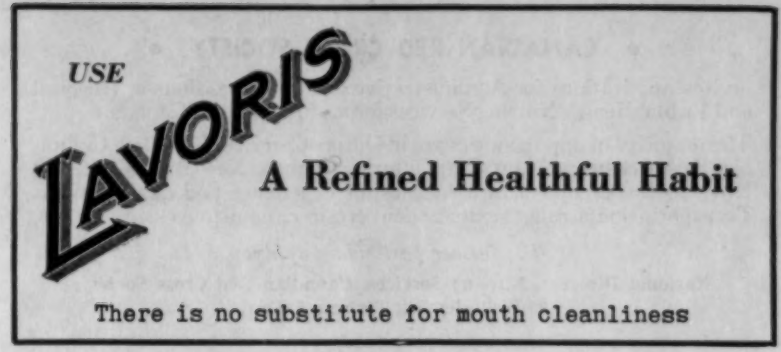
SWIFT CURRENT:

An instructive talk by Dr. L. Card on "X-ray Therapy and Technique" was given at a recent meeting of Swift Current Chapter.

New members of the hospital staff include: Miss Jackson, night supervisor; Misses Shotsky and White. Mrs. R. Thatchuk and F. McKenna have resigned, the latter to serve with the Health Region.

YORKTON:

The annual bazaar of Yorkton Chapter netted a profit of $275. The members have undertaken the lectures in home nursing offered by the local branch of the St. John Ambulance Association. Ninety dollars was realized from the Christmas concert given by the Student Council. Recent graduates on the General Hospital staff include: D. Beck, D. Haug, M. Spice, B. Hart.



Positions Vacant

Asst. Supt. of Nurses for Provincial Mental Hospital, Ponoka, Alta. 1,450-bed active treatment hospital, conducting an Accredited School of Nursing. Position open April 1. Apply, stating qualifications, experience & year of graduation, to Supt. of Nurses.

Nursing Arts Instructor; Science Instructor; Experienced Teaching Surgical Supervisor; 1st Asst. to Dietitian-in-Charge. Positions open immediately. Salary for each opening: $180 gross per mo. 1 mo. holiday with pay. 6 statutory holidays. Apply, stating qualifications, to Director of Nursing or Principal of Nursing Education or Dietitian-in-Charge, General Hospital, Kingston, Ont.

Instructor to take charge of Teaching Program; Clinical & Nursing Arts Instructor; Asst. Operating-Room Supervisor. Immediate openings. 40 students (1 class yearly) in 130-bed General Hospital in Georgian Bay District. Attractive salary with full maintenance. Apply Director of Nurses, General & Marine Hospital, Owen Sound, Ont.

Classroom Instructor (fully qualified) by Aug. 15 for 78-bed hospital averaging 35-40 students. Good living conditions. Excellent salary to qualified applicant. Apply, stating qualifications, experience, etc., Miss R. E. Follis, Supt., Chipman Memorial Hospital, St. Stephen, N.B.

Ward, Evening & Night Supervisors for 160-bed hospital in Saskatchewan. Straight 8-hr. day. Salary range: $170-$225 per mo., depending on qualifications. Apply c/o Box 4, The Canadian Nurse, Ste. 522, 1538 Sherbrooke St. W., Montreal 25, Que.

Clinical Supervisors (2) for General Hospital, Port Arthur, Ont. Student body numbers 45. Pleasant living conditions. Apply, stating experience, to Supt. of Nurses.

Floor Supervisor. Applicants must have post-graduate course in Tuberculosis Nursing & some administrative training. Apply, stating qualifications & salary expected, Supt. of Nurses, St. Lawrence Sanatorium, Cornwall, Ont.

Dietitian (fully qualified) for 78-bed hospital. Good living conditions. Excellent salary. Apply, stating qualifications, experience, etc., Miss R. E. Follis, Supt., Chipman Memorial Hospital, St. Stephen, N.B.

Registered Nurses for General Duty (3). Salary: $135 per mo. plus full maintenance. 47-bed fully modern hospital with adjoining nurses' residence. On main line between Saskatoon & Calgary; also daily bus connections with Saskatoon. Town of 2,000. Apply Miss K. M. Jamieson, Supt. of Nurses, Union Hospital, Rosetown, Sask.

Registered Nurses for General Duty. Salary: $120 per mo. plus meals & laundry. Apply Rotary Hopewell Hospital, Leamington, Ont.

Graduate Nurses (3) immediately. Apply, with credentials & references, to Doctors Hospital Inc., 6481 Cote des Neiges Rd., Montreal 26, Que. (*Phone:* AT 1171)

Graduate Nurses for General Duty for new 60-bed B.C. coast hospital, newly equipped, to open March 1. Located on coastal Inland Passage 150 miles north of Vancouver. Salary: $150, less $25 board, room & laundry. 1 mo. annual vacation with pay. 8-hr. day, 6-day wk. Arrangements can be made to advance transportation via TCA on the undertaking to remain on staff for a minimum of 1 yr. Transportation to be reimbursed to hospital by monthly payments. Apply, giving age, qualifications, training school, etc., Administrator, St. George's Hospital, Alert Bay, B.C.

Instructor in Principles & Practice of Nursing to teach & supervise the Nursing Arts. **Lecturer in Public Health Nursing** to assist in administration & teaching of post-graduate courses in public health nursing. **Science Instructor** to teach the basic sciences in undergraduate program (new appointment). Apply, stating qualifications, to Director, School of Nursing, University of Alberta, Edmonton.

• CANADIAN RED CROSS SOCIETY •

invites applications for Administrative and Staff positions in Hospital and Public Health Nursing Services for various parts of Canada.

The majority of opportunities are in Outpost Services in British Columbia, Saskatchewan, Manitoba, Ontario, Quebec, New Brunswick, and Nova Scotia. Commensurate salaries for experience and qualifications. Transportation arrangements under certain circumstances.

For further particulars apply:

National Director, Nursing Services, Canadian Red Cross Society, 95 Wellesley St., Toronto 5, Ont.

General Duty Nurses for 350-bed Tuberculosis Hospital. Blue Cross hospitalization plan. For further information apply Miss C. L. Bartsch, Supt. of Nurses, Royal Edward Laurentian Hospital, Ste. Agathe des Monts, Que.

Supt. to take complete charge of 50-bed General Hospital with School for Nurses. Apply, giving full details of education, post-graduate training, experience & references, to sec., Board of Trustees, Miramichi Hospital, Newcastle, N.B.

Operating-Room Supervisor & Nursing Arts Instructor. Immediate opening. Good location. State Capitol with many civic advantages. Salary open. Apply Director of Nurses, Evangelical Hospital, 6th & Thayer, Bismarck, North Dakota.

General Duty Nurses urgently needed for new, small hospital in San Joaquin Valley, Calif. Hospital is well equipped & town offers all the advantages & pleasantness of life in a small community with easy travel distance of Oakland & San Francisco. 40-hr. wk. Minimum starting salary: $220. **Qualified Supervisors & Nurses** will have first choice & excellent chances to be considered by Administrator-Consultant for advanced positions in 3 other Calif. hospitals upon completion of construction in Fall, 1949. Write Administrator, Community Memorial Hospital, Tracy, California.

General Duty Nurses. 8-hr. broken day. 48-hr. wk. Gross salary: $163.40 monthly. All salaries have scheduled rate of increase. Cumulative sick leave. Pension plan in force. Blue Cross plan, 3 wks. holiday after 1 yr. service. Apply.Supt. of Nurses, Muskoka Hospital for Tuberculosis, Gravenhurst, Ont.

Graduate Nurses for completely modern West Coast hospital. All-graduate staff. Commencing salary: $160 per mo. less $25 for board, residence, laundry. Annual increment, 44-hr. wk. 1 mo. vacation with pay after 1 yr. service. Transportation allowance not exceeding $60 refunded at end of 12 mos. Apply, stating experience. Matron, General Hospital, Prince Rupert, B.C.

Graduate Nurse for General Floor Duty. Salary: $110 monthly. Full maintenance & laundry. Blue Cross hospitalization plan. $60 yearly increase up to 3 yrs. Apply Supt., Barrie Memorial Hospital, Ormstown, Que.

Vancouver General Hospital requires: **Asst. Night Supervisor.** Salary: $227 gross, including current Cost of Living Bonus. **General Staff Nurses** for *vacation relief*. Salary: $172 gross, including current Cost of Living Bonus. Extra premium for evening or night duty. Registration in British Columbia required. For further information apply Director of Nursing, General Hospital, Vancouver, B.C.

Science Instructor, qualified to teach anatomy, bacteriology & pharmacology in a large General Hospital with approx. 300 student nurses. Apply C. E. Brewster, Supt. of Nurses, General Hospital, Hamilton. Ont.

Registered Dietitian for fully modern 75-bed hospital. Position requires supervision of dietary & housekeeping staff. Apply, stating qualifications & salary expected, to General Hospital, Prince Rupert, B.C.

General Duty Nurses (3) for 25-bed hospital. Starting salary: $125 with full maintenance. Apply Miss M. Flock, Municipal Hospital, Empress, Alta.

Registered Nurses for General Duty at Lord Dufferin Hospital, Orangeville, Ont. Salary: $120 per mo. plus full maintenance. Apply, stating qualifications, to Supt.

General Duty Nurse. Salary: $110 per mo. & full maintenance. Attractive nurses' residence adjoining hospital. 8-hr. duty, 6-day wk. 3 wks. holiday with pay after 1 yr. service. 7 days' sick leave during yr. Apply, stating age & giving names of 1 or 2 references, Supt., County of Bruce General Hospital, Walkerton, Ont.

General Duty Nurses (2) for Community Hospital in Peace River District. Salary: $130 per mo. plus full maintenance. Wire collect to M. F. Malkinson, Fairview, Alta.

WANTED
by the
CITY OF VANCOUVER (Comp. 0-21)

Public Health Nurses for Vancouver and Metropolitan Area. *Qualification:* Certificate or degree in Public Health Nursing; eligibility for registration in British Columbia. *Maximum Age:* 34 years. *Salary:* $180. to $216. per month. 5-day week; one month vacation after one year of service. Superannuation plan. Opportunities for advancement. Application forms must be obtained from and returned to the **Personnel Officer, Room 210, City Hall, Vancouver, B.C.**

WANTED
COMMUNITY NURSE

Registered Nurse, having Public Health and Industrial training, required to attend Paper Mill Company employees and families in New Brunswick. Preference will be given to bilingual applicants between ages of 23 and 35, having single status. Apply, stating salary expected, to:

Manager Industrial Relations, Canadian International Paper Co., 1417 Sun Life Bldg., Montreal 2, Que.

Nursing Arts Instructor & Science Instructor for Fall term. 138-bed hospital. 60 student nurses. Apply, stating qualifications, to Supt. of Nurses, General Hospital, Yorkton, Sask.

General Staff Nurses, 44-hr. wk. Starting gross salary: $155. Registration in British Columbia essential. Apply Supt. of Nurses, Royal Columbian Hospital, New Westminster, B.C.

Registered Nurses (2) for General Duty. 50-bed hospital. 8-hr. duty, 6-day wk. Salary: $110 day duty; $115 night duty; $120 evening duty. Full maintenance. Attractive nurses' residence. 22 miles from Lake Huron. Also **Operating-Room Nurse.** Apply Scott Memorial Hospital, Seaforth, Ont.

Registered Nurses for General Staff at Ontario Hospitals in Brockville, Hamilton, Kingston, London, New Toronto, Orillia, St. Thomas, Toronto, Whitby, Woodstock & Toronto Psychiatric Hospital. Initial salary: $1,840 per annum, plus $180 Cost of Living Bonus, less perquisites ($26.50 for room, board, laundry). Annual increment, accumulative sick leave, superannuation, 3 wks. vacation, statutory holidays & special holidays with pay. 8-hr. day, 6-day wk. Apply Supt. of Nurses at above hospitals.

Graduate Dietitian at Ontario Hospitals in Brockville, Kingston, Whitby, Woodstock. Initial salary: $2,140 per annum, plus $180 Cost of Living Bonus, less perquisites ($26.50 for room, board, laundry). Annual increment, accumulative sick leave, superannuation, 3 wks. vacation, statutory holidays & special holidays with pay. 8-hr. day, 6-day wk. Apply Supt. at above hospitals.

Director of Nursing Education to plan Educational Program & assist in teaching Science or Nursing Arts subjects. **Science Instructor** to teach the Basic Sciences & any preferred specialty. Apply, stating qualifications, Director of Nursing, General Hospital, Saint John, N.B.

X-Ray Technician (preferably Graduate Nurse) who could assume part-time nursing duties. Apply Supt., Carleton County, L. P. Fisher Memorial Hospital, Woodstock, N.B.

Instructor for Small Training School at once. Maintenance provided. Apply, stating qualifications & salary expected, Supt., Plummer Memorial Public Hospital, Sault Ste. Marie, Ont.

Head Nurses, General Staff Nurses. Liberal salaries. Excellent living conditions with recreational facilities. 1 mo. annual vacation. 5-day wk. Apply Director of Nursing, Verdun Protestant Hospital, Box 6034, Montreal, Que.

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QUEBEC

The Association of Nurses of the Province of Quebec

The Association of Nurses of the Province of Quebec, created by Licensing Act, April 17, 1946, replacing The Registered Nurses Association of the Province of Quebec, Incorporated February 14, 1920.

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